

**East Tallahatchie School District
Voucher for Reimbursement of Expenses
Incident to Official Travel**

Name: _____

Address: _____

Date(s) Traveled: _____

Name of Meeting: _____

Destination: _____

Central Office Use Only:
Funding Source/Account Code: _____

AN APPROVED FORM FORM 202 OR FORM 302 MUST BE ATTACHED IN ORDER TO RECEIVE REIMBURSEMENT.
MEALS: \$68 per day Mileage: \$.70 per mile

GROUND TRANSPORTATION: Actual Mileage (Daily totals reported on back of form) \$ _____

AIR TRANSPORTATION: (Must attach copy of airline ticket) \$ _____

MOTEL EXPENSE: (Must attach receipt) (deduct phone calls,
movies, meals, etc., before entering amount) \$ _____

MEALS*: Receipts must be attached & daily totals reported on back of form. \$ _____

REGISTRATION FEE: (If not paid in advance) (Must attach receipt) \$ _____

OTHER EXPENSES: (Must List Individually & Attach Receipts: i.e., Taxi, parking, tips,
rental car, gasoline (if not claiming mileage, etc.) \$ _____

_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL REIMBURSEMENT AMOUNT REQUESTED: \$ _____

Signature of Employee requesting reimbursement: _____ Date: _____

Signature of Principal, Director or Supervisor (Required) _____ Date: _____

Signature of Superintendent _____ Date: _____

BREAKDOWN OF SUBSISTENCE AND TRAVEL

Expenses are to be recorded by the day, not the trip.

Date	Breakfast	Lunch	Dinner	Total Amount Allowed	Motel	Daily Total	Purpose	Points of Travel	Total Miles	Public Carrier	Other Expenses
Example	\$6.00	\$9.00	\$15.00	\$30.00			State Math Conference	Charleston to Jackson	225		Registration \$25.00
Example	\$7.00	\$10.00	\$18.00	\$35.00			Data Conference	Charleston to Biloxi	600		
							Totals				

OTHER AUTHORIZED EXPENSES:

e.g. Registration, meal tips (subject to daily limit), bags, parking, and ground transportation (Out-of-State)

.. Receipts must be attached for all expenses. e.g. Meals, Registration, and Taxi