



# Neshoba County School District

## VOUCHER FOR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

For mileage of privately-owned automobile used by me for transportation and reimbursement for subsistence and other authorized expenses paid by me in the discharge of official duty from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_. The itemized statement follows.

CHECK (✓) ONE:	
IN STATE	
OUT OF STATE	

ALLOWABLE AMOUNT CLAIMED	
TAXABLE MEALS	
NON-TAXABLE MEALS	
LODGING	
Travel – AUTO-PRIVATE (\$.55 p/m)	
Travel – AUTO-RENTAL	
Travel – PUBLIC CARRIER	
OTHER:	
SUB-TOTAL	
LESS TRAVEL ADVANCE	
TOTAL REIMBURSEMENT (Refund)	

<b>OFFICE USE ONLY</b>
ACCOUNT NUMBER:

Subject to any difference determined by verification, I certify that the above amount claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received.

Signature of Payee: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: Superintendent of Education Date: \_\_\_\_\_

### BREAKDOWN OF SUBSISTENCE AND TRAVEL EXPENSE

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date	Purpose	Destination	Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Daily Max	Daily Meals Allowed	Hotel	Other Authorized Expenses	
										Item	Amount
Total											

	Mileage Reimbursement Rate	
	Total Mileage Dollar Amount	

Total Mileage Dollar Amount should be carried to front page.

NOTE: (1) Receipts for amount paid for lodging and other expenses must accompany this voucher.  
(2) A copy of agenda or itinerary from meeting/workshop/convention must be attached.

**Mileage Reimbursement is 55 cents per mile.**