

NORTH PIKE SCHOOL DISTRICT TRAVEL REIMBURSEMENT VOUCHER

[Complete this form after trip has been taken.]

Name: _____

Address: _____

Funding Code:

___ District/Code: _____

___ Activity/Code: _____

Attach to this voucher:

- **ALL MEAL & OTHER RECEIPTS**
(Required for reimbursement)
- **A copy of your current auto insurance card**
(if you drove & are claiming mileage reimbursement)
- **Agendas for workshops/meetings/conferences**

REQ #: _____

___ **In State Travel**

___ **Out of State Travel**

PO# _____

MILEAGE (use of personal vehicle)

DATE	FROM	TO	# OF MILES	PURPOSE OF TRAVEL

Meals are reimbursed if staying overnight only.
[Receipts are required-must be a meal eaten at a restaurant]

Total Miles x **\$0.56 cents** per mile = \$ _____
(effective 1/1/2021)

MEALS/LODGING (Daily Maximum Meal Reimbursement Allowance): **In State- \$46.00, Out of State-Refer to Chart**
view chart at: www.dfa.state.ms.us/Purchasing/Travel/convertedrates.pdf

Date	Breakfast Amount	Lunch Amount	Dinner Amount	Total Meal Amount for Day	Lodging/Hotel Costs	Purpose of Trip
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
TOTALS:				\$	\$	

OTHER COSTS (List): _____ \$
 _____ \$
 _____ \$

Signature: _____ **Date:** _____

Verified by: _____ **Date:** _____

Superintendent _____ **Date:** _____
Approved

Mileage	\$
Meals (Attach Receipts)	\$
Lodging (Attach Receipts)	\$
Other Costs (Attach Receipts)	\$
Total:	\$