

NORTH PIKE SCHOOL DISTRICT TRAVEL REIMBURSEMENT VOUCHER

[Complete this form after trip has been taken.]

Revised 2/1/19

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 are claiming a mileage reimbursement)
- **Agendas for workshops/meetings/conferences**

| |
|--------------------------------|
| ___ In State Travel |
| ___ Out of State Travel |

| |
|-------------|
| PO # |
| _____ |

MILEAGE (use of personal vehicle)

| DATE | FROM | TO | # OF MILES | PURPOSE OF TRAVEL |
|------|------|----|------------|-------------------|
| | | | | |
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Meals are reimbursed if staying overnight only.
 [Receipts are required-must be a meal eaten at a restaurant]

Total Miles x **\$0.58 cents per mile** = \$ _____
(effective 2/1/2019)

MEALS/LODGING (Daily Maximum Meal Reimbursement Allowance): **In State- \$41.00, 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 <small>(Attach Receipts)</small> | \$ |
| Lodging <small>(Attach Receipts)</small> | \$ |
| Other Costs <small>(Attach Receipts)</small> | \$ |
| Total: | \$ |