

TISHOMINGO COUNTY SCHOOLS STATE OF MISSISSIPPI

REQUEST FOR APPROVAL FOR EDUCATIONAL TRAVEL AND/OR SCHOOL BUSINESS DAY

Employee's Name _____

Date of proposed absence(s) From _____

To _____

Place of Meeting or Conference _____

Purpose of trip _____

I will submit a travel expense form for reimbursement: Yes _____

No _____

Employee's Signature

Approved by Principal or Supervisor

Approved by Superintendent

Date

Please note: If you are expecting reimbursement for travel, this form must be returned with your travel expense reimbursement form (Form 2). Reimbursement forms must be signed and returned within one week of return date of travel.

TISHOMINGO COUNTY SCHOOLS TRAVEL EXPENSE FOR EMPLOYEES

Name: _____ Date: _____

Name of meeting or conference: _____

Place of meeting or conference: _____

Date of Meeting or conference: From _____ To _____

ITEMIZED STATEMENT OF TRAVEL EXPENSE (Attach copy of Agenda or other supporting documentation)

1. _____ miles traveled @ **0.67** cents per mile \$ _____

Beginning odometer _____ Ending odometer _____

Was school owned vehicle available for use? Yes _____ No _____

2. Railroad, airplace, or bus fare (Attach stub or tickets to this stmt) \$ _____

3. Taxi \$ _____

4. Hotel (Attach receipt to this statement) \$ _____

5. Meals – Overnight travel (*must attach hotel receipt to receive meal reimbursement*) (*Reimbursement will be made for actual expenditures not to exceed \$59.00 per day. Record the actual amount spent for each **meal (edited 03/18/2024 – reimbursement is for meal only not snacks)**. Meal cost must be for employee only unless for a student in which documentation must be attached. If the total is greater than \$59.00, enter \$59.00 in the total column. Receipts must be attached for all meals.*)

Date	Breakfast	Lunch	Dinner	Total	
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$59 max
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$59 max
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$59 max
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$59 max
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$59 max

TOTAL \$ _____

6. Other expenses (Attach receipt and explanation) \$ _____

_____ \$ _____

_____ \$ _____

Total Expenses \$ _____

I certify that the above expenses were incurred in the performance of official business.

Signature of Employee

Approved: Principal or Supervisor

Approved: Superintendent