

# 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 \$ \_\_\_\_\_

**\*Must attach copy of google map, map quest, etc. showing miles from School Location to Conference/Meeting Location**

Was school owned vehicle available for use? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Railroad, airplane, or bus fare (**Attach stub or tickets to this stmt**  
**Must attach minimum of 2 fares and the most economical rate**  
**was selected per OSA regulation**) \$ \_\_\_\_\_

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. Detail receipts must be attached for all meals; highlight employee meal.*)

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