

MOORESVILLE GRADED SCHOOL DISTRICT
Reimbursement for Travel Expenses

Employee's Name: _____ Vendor # _____

Position: _____ Location _____
 Under penalties of perjury I certify this is a true and accurate Statement of the lodging, expenses and allowances incurred in the service of the state. I have examined this reimbursement request and certify that it is just and reasonable.

Employee's Signature _____ Date _____ Principal/Supervisor _____ Date _____

Reason for Travel _____ Budget Code _____

DATE	TRAVE (LIST EACH PLACE)		(1) TRANSPORTATION			(2) SUBSISTENCE			Total of 1 & 2
			Mode	Daily Mileage	Amount	Type	In State	Out-of-State	
Month	From	To	Auto		\$	B	\$	\$	
Day			Other		\$	L	\$	\$	
						D	\$	\$	
						H	\$	\$	\$
			Auto		\$	B	\$	\$	
			Other		\$	L	\$	\$	
						D	\$	\$	
						H	\$	\$	\$
			Auto		\$	B	\$	\$	
			Other		\$	L	\$	\$	
						D	\$	\$	
						H	\$	\$	\$
			Auto		\$	B	\$	\$	
			Other		\$	L	\$	\$	
						D	\$	\$	
						H	\$	\$	\$

Use additional pages for activities covering more than 5 days

	IN-STATE	OUT-OF-STATE
Breakfast	\$ 8.20	\$ 8.20
Lunch	\$ 10.70	\$ 10.70
Dinner	\$ 18.40	\$ 20.90
Hotel	\$ 65.90	\$ 77.90

(3) Other Expense	Date	Amount	Total of 3
Registration		\$	
Taxi		\$	
Parking		\$	
	\$	\$	

Travel: IRS Allowable Mileage Rates TOTAL EXPENSES (1-3) \$ _____

Receipts (registration, motel, taxi, parking) and a copy of MGSD-3 must be attached

This instrument has been preaudited in the manner required by the School Budget and Fiscal Control Act

 Finance Officer