MOORESVILLE GRADED SCHOOL DISTRICT
Reimbursement for Travel Expenses (MGSD-2)

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

_____
Budget Code

DATE	TRAVEL (LIST EACH PLACE)		(1) TRANSPORTATION		(2) SUBSISTENCE			
Month Day	From	To	Mode	Daily Mileage / Amount	Type	In State	Out-of-State	Total of 1 & 2
			Auto	$	B	$	$	
			Other	$	L	$	$	
					D	$	$	
					H	$	$	$
			Auto	$	B	$	$	
			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	$ 9.00	$ 9.00
Lunch	11.80	11.80
Dinner	20.50	23.30

Travel 58.5 cents per mile

(3)

Other Expenses	Date	Amount	Total of 3
Registration		$	
Taxi		$	
Parking		$	
			$

TOTAL EXPENSES (1-3) $_____

Receipts (registration, motel, taxi, parking), proof of attendance (agenda, certificate, etc.) and a copy of MGSD-3 must be attached.

_____
Fiscal Representative Date

This instrument has been pre-audited in the manner required by the School Budget and Fiscal Control Act.