



COLUMBIA SCHOOL DISTRICT
 613 Bryan Avenue
 Columbia, Mississippi 39429
 Telephone 601-736-2366 Fax 601-736-2653

Employee Name _____ Location _____

Voucher for reimbursement of expenses/Incident to official travel

For mileage for privately owned automobile used by me for transportation and reimbursement for subsistence and other authorized expenses paid by me in the discharge of official duty as per itemized statement within.

From: _____ To: _____

Amount Claimed		Finance Dept. Verification Use ONLY	
FOR	AMOUNT	FOR	AMOUNT
Meals (see note below)		Meals (see note below)	
Lodging (Attach receipts)		Lodging (Attach receipts)	
Travel (private auto)		Travel (private auto)	
Travel (public carrier w/receipt)		Travel (public carrier w/receipt)	
Other travel costs		Other travel costs	
SUBTOTAL		SUBTOTAL	
Less: Travel Advance		Less: Travel Advance	
TOTAL CLAIMED (Refund)		TOTAL CLAIMED (Refund)	

Check here if overnight stay

Subject to any difference determined by verification. I certify that the above amount claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received.

Employee Signature _____ **Date:** _____

Supervisor Approval _____ **Date:** _____

Finance Verification _____ **Date:** _____

Account Code	Amount	
		<p>*NOTE: Meals will only be reimbursed when the employee stayed overnight. For meal allowances, departure should occur before 7:00 a.m. for breakfast; before 12:00 noon for lunch; and before 6:00 p.m. for supper.</p>

* This form can be used for more than one travel occurrence
 ** The back of this form must be completed first

BREAKDOWN OF SUBSISTENCE AND TRAVEL EXPENSES

- NOTE:** 1 - Receipts for amounts paid for Lodging, Public Carrier Fare, and Other Authorized Expenses must accompany this voucher.
 2 - A continuation sheet may be used if necessary

Date	Reason for or Purpose of Travel	Point of Travel	Total Miles Traveled	Meals			Total Meal Amount	Other Authorized Expenses	
				Breakfast	Lunch	Dinner		Item	Amount
TOTALS									

TOTAL MILES _____ x _____ = _____

Maximum Meal Reimbursement Rates

STATE	
Breakfast	\$7.00
Lunch	\$11.00
Dinner	\$23.00
TOTAL	\$41.00

TOTALS TO THE FRONT PAGE