

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 | | | 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 | \$ | \$ | \$ |
| | | | 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 65.5 cents/\$0.655 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.