

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

Employee's Name: _____

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	
	Month	From	To	Mode	Daily Mileage	Amount	Type	In State		Out-of-State
				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	\$10.10	\$10.10
Lunch	13.30	13.30
Dinner	23.10	26.30

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

Travel 67 cents/\$0.67 per mile effective 1/1/24

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.