

**VOUCHER FOR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICAL TRAVEL**

State of Mississippi: Department of Education

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Revised December 1, 2023

For mileage of a private-owned automobile used by me for transportation and reimbursement for subsistence and other authorized expenses paid by me in the discharge of official duty from \_\_\_\_\_ to \_\_\_\_\_.

The itemized statement follows:

<b>Check one:</b>	
In State	
Out of State	
Out of Country	

<b>Office use Only</b>	<b>Voucher #</b>	
<b>Office use Only</b>	<b>Trip #</b>	
Per Diem		
Meals		
Lodging		
Travel-Auto-Private		
Travel-Auto-Rental		
Travel-Public Carrier		
Other (Tips, Parking, etc)		
Registration		
<b>Sub-Total</b>		
<b>Less Travel Advance</b>		
<b>Net Reimbursement</b>		

<b>Check One:</b>	
	Employee
	Contract Worker
	Board Member

<b>Accounting Codes</b>	
Budget Year	
Fund	
Rptg Category	
Org Code	
Sub Org	
Activity Code	

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. In the event of overpayment, I agree that any future salary/travel disbursements may be debited to correct the overpayment.

SIGNATURE OF PAYEE: \_\_\_\_\_ DATE: \_\_\_\_\_ Supervisor Verification: \_\_\_\_\_

Business Manager: \_\_\_\_\_ Date: \_\_\_\_\_ Approved for Payment: \_\_\_\_\_

Title: Superintendent of Education/Assistant Superintendent

PENALTY FOR FRAUDULENT CLAIM-fine of not more that \$250.00: Civilly liable for full amount received illegally: removal from office or position held (Section 25-1-81 and 25-1-91, Miss. Code ann- 1972

**Itemized Statement of Travel Exp.**

SPAHRs AG#: \_\_\_\_\_

Name: \_\_\_\_\_

Date	Purpose	Points of Travel	Miles	\$10.00 Allowed Breakfast	\$15.00 Allowed Lunch	\$34.00 Allowed Dinner	Daily Meals Allowed	Hotel	Other Authorized Expenses	
									Item	Amount
							59.00			
							59.00			
							59.00			
							59.00			
							59.00			
							59.00			
							59.00			
							59.00			
							59.00			
							59.00			
							59.00			
							59.00			
							59.00			
							59.00			
							59.00			
							59.00			
							59.00			
							59.00			
<b>Total</b>										
		Mileage Reimbursement Rate	0.655							
		Total Mileage Dollar Amount								

Note: (1) Receipt for amounts paid for lodging and other expenses must accompany this voucher. (2) All activity pertaining to a certain date is to be shown on the associated line or lines completely across the form. (3) Each meal has a max-allowed expense based on the Maximum Daily Meal Reimbursement. (4) If Tips are included in Other, then the type of tip must be identified in print not handwritten on receipts. (5) A continuation sheet may be used, if necessary. (6) High Cost Areas – Starkville and Southhaven: Daily Meal Allowance is \$64 (\$11 Breakfast, \$16 Lunch, \$37 Dinner)