



# CLARKSDALE MUNICIPAL SCHOOL DISTRICT

526 S Choctaw Street  
Clarksdale, MS 38614  
662.627.8500  
cmsdschools.org

## VOUCHER FOR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

EMPLOYEE NAME	SCHOOL/DEPT

<b>NAME OF MEETING:</b>	
<b>FROM:</b>	<b>TO:</b>
<b><u>AMOUNT CLAIMED</u></b>	
<b><u>FOR</u></b>	<b><u>AMOUNT</u></b>
Meals (Breakfast: \$10, Lunch: \$15, Dinner: \$21, TOTAL: \$46) <b>Only for Overnight Stays</b>	\$
Lodging (Personally Paid with Prior Approval)	\$
Travel (Private Auto - .655/mile)	\$
Travel Destination:	\$
Travel (Public Carrier: i.e. taxi - Attach Receipts)	\$
Other Travel Costs: _____	\$
Total Claimed (Refund)	\$
<input type="checkbox"/> CHECK HERE IF OVERNIGHT STAY	
<p><b><u>Subject to any difference determined by verification, I certify that the 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.</u></b></p>	
Employee's Signature:	Date:
Supervisor's Signature:	Date: