

TISHOMINGO COUNTY SCHOOLS STATE OF MISSISSIPPI

REQUEST FOR APPROVAL FOR EDUCATIONAL TRAVEL AND/OR SCHOOL BUSINESS DAY

Employee's Name _____

Date of proposed absence(s) From _____

To _____

Place of Meeting or Conference _____

Purpose of trip _____

I will submit a travel expense form for reimbursement: Yes _____

No _____

Employee's Signature

Approved by Principal or Supervisor

Approved by Superintendent

Date

Please note: If you are expecting reimbursement for travel, this form must be returned with your travel expense reimbursement form (Form 2). **Reimbursement forms must be signed and returned within one week of return date of travel.**

TISHOMINGO COUNTY SCHOOLS TRAVEL EXPENSE FOR EMPLOYEES

Name: _____ Date: _____

Name of meeting or conference: _____

Place of meeting or conference: _____

Date of Meeting or conference: From _____ To _____

ITEMIZED STATEMENT OF TRAVEL EXPENSE (Attach copy of Agenda or other supporting documentation)1. _____ miles traveled @ **0.70** cents per mile \$ _____

***Must attach a copy of google map, map quest, etc. showing miles from School Location to Conference/Meeting Location.**

Was school owned vehicle available for use? Yes _____ No _____

2. Railroad, airplace, or bus fare **(Attach stub or tickets to this stmt Must attach minimum of 2 fares and the most economical rate was selected per OSA regulation)** \$ _____

3. Taxi \$ _____

4. Hotel (Attach receipt to this statement) \$ _____

5. Meals – Overnight travel **(must attach hotel receipt to receive meal reimbursement)** (Reimbursement will be made for actual expenditures not to exceed \$68.00 per day. Record the actual amount spent for each **meal (edited 03/18/2024 – reimbursement is for meal only not snacks)**. Meal cost must be for employee only unless for a student in which documentation must be attached. If the total is greater than \$68.00, enter \$68.00 in the total column. **DETAILED Receipts must be attached for all meals.**)

Date	Breakfast	Lunch	Dinner	Total
_____	\$ _____	\$ _____	\$ _____	\$ _____ \$68 max
_____	\$ _____	\$ _____	\$ _____	\$ _____ \$68 max
_____	\$ _____	\$ _____	\$ _____	\$ _____ \$68 max
_____	\$ _____	\$ _____	\$ _____	\$ _____ \$68 max
TOTAL				\$ _____

6. Other expenses (Attach receipt and explanation) \$ _____

_____ \$ _____

Total Expenses \$ _____

I certify that the above expenses were incurred in the performance of official business.

Signature of Employee

Approved: Principal or Supervisor

Approved: Superintendent