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**

NAME OF MEETING:	
FROM:	**TO:**

AMOUNT CLAIMED

FOR	**AMOUNT**
Meals	$
Lodging (Personally Paid with Prior Approval)	$
Travel (Private Auto - .70/mile)	$
Travel Destination:	$
Travel (Public Carrier: i.e. taxi - Attach Receipts)	$
Other Travel Costs: _____	$
Total Claimed (Refund)	**$**

☐ CHECK HERE IF OVERNIGHT STAY

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.

Source of Funding:

Employee's Signature:	Date:
Supervisor's Signature:	Date: