



# 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

<b>EMPLOYEE NAME</b>	<b>SCHOOL/DEPT</b>

<b>NAME OF MEETING:</b>	
<b>FROM:</b>	<b>TO:</b>

<b><u>AMOUNT CLAIMED</u></b>
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<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	\$
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.**

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