

**CHOCTAW COUNTY SCHOOLS  
TRAVEL VOUCHER**

Activity or Program \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ (Please specify address preferred for mailing reimbursement.)  
\_\_\_\_\_

Meeting Dates: From \_\_\_\_\_ to \_\_\_\_\_

Travel by Privately Owned Automobile

Date	Starting Point	Intermediate Point	Ending Point	Total Miles

TOTAL MILEAGE COST (Total Mileage \_\_\_\_\_ X \$0.545 per Mile) \$ \_\_\_\_\_

Authorized Meals

Date	Breakfast	Lunch	Dinner	Total

TOTAL MEAL EXPENSE (Actual Cost) - (\$41 a day unless out of state)-\$ \_\_\_\_\_

Other Authorized Expenses:

Public Carrier (Attach Ticket Stub) -----\$ \_\_\_\_\_

Motel (Attach Original Paid Receipt) -----\$ \_\_\_\_\_

Other – Registration, etc. (Attach Receipt) -----\$ \_\_\_\_\_

Total Expenses -----\$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

Approved For Payment:

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

