

Standard Form No. 223
Form Prescribed by
State Auditor
April, 1950

EAST JASPER SCHOOL DISTRICT
VOUCHER FOR REIMBURSEMENT OF EXPENSES
INCIDENT TO OFFICIAL TRAVEL

STATE OF MISSISSIPPI

Voucher No. _____
File _____

(Department or Institution)

Record of Payment
Date: _____

To: _____

Req. No. _____

Address: _____

Check No. _____

(Official Duty)

Fund _____

FOR MILEAGE FOR PRIVATELY OWNED AUTOMOBILE USED BY ME FOR TRANSPORTATION AND FOR REIMBURSEMENT FOR SUBSISTENCE
(MEALS AND LODGING) AND OTHER EXPENSES PAID BY ME IN THE DISCHARGE OF OFFICIAL DUTY FROM _____
TO _____ AS PER ITEMIZED STATEMENT WITHIN.

AMOUNT CLAIMED

AMOUNT DUE (AS PER OFFICE VERIFICATION)

FOR	DOLLAR	CENTS	FOR	DOLLAR	CENTS
SUBSISTENCE					
TRAVEL (BY AUTOMOBILE)					
TRAVEL (BY PUBLIC CARRIER)					
OTHER EXPENSES					

TOTAL _____

AMOUNT VERIFIED: CORRECT FOR _____

SUBJECT TO ANY DIFFERENCES DETERMINED BY VERIFICATION. I CERTIFY THAT THE ABOVE AMOUNT CLAIMED BY ME FOR TRAVEL EXPENSES FOR THE PERIOD INDICATED IS TRUE AND JUST IN ALL RESPECTS AND THAT PAYMENT FOR ANY PART THEREOF HAS NOT BEEN RECEIVED.

PAYEE _____

APPROVED FOR PAYMENT:

TITLE _____ VERIFIED BY _____

PENALTY FOR PRESENTING FRAUDULENT CLAIM: FINE OF NOT MORE THAN \$250.00; CIVILLY LIABLE FOR FULL AMOUNT RECEIVED ILLEGALLY; AND IN ADDITION, REMOVAL FROM THE OFFICE OR POSITION HELD BY THE PERSON PRESENTING SUCH CLAIM. (SEE SECTION 10 OF II. B. NO. 223, MISSISSIPPI LAWS OF 1950.)

ACCOUNTING CLASSIFICATION (FOR COMPLETION BY ADMINISTRATIVE OFFICE)

APPROPRIATION AND/OR COST ACCOUNT

OBJECTIVE OR PROJECT CLASSIFICATION

SYMBOL OR TITLE	AMOUNT	SYMBOL OR TITLE	AMOUNT

STATEMENT OF TRAVELING EXPENSES

INCURRED BY _____ FROM _____ TO _____

STATEMENT OF COSTS OF MEALS AND LODGING

OTHER AUTHORIZED EXPENSES

MEALS					HOTEL DAILY		PLACE WHERE HOTEL	ITEMS	AMOUNT
DATE	DAY	BREAKFAST	LUNCH	DINNER	ROOM	TOTAL	EXPENSES INCURRED		
TOTALS							TOTALS		

STATEMENT OF TRAVEL BY PRIVATELY OWNED AUTOMOBILE

POINTS OF TRAVEL

MILEAGE COMPUTATION

DATE OR DAY	STARTING POINT	INTERMEDIATE POINT	ENDING POINT	MILES TRAVELED	RATE PER MILE	AMOUNT

TOTAL MILEAGE COMPUTATION (AMOUNT TO BE CARRIED TO SUMMARY SHEET, PAGE 1)

STATEMENT OF TRAVEL BY PUBLIC CARRIER

DATE	FROM	POINTS OF TRAVEL	TO	MODE OF TRAVEL	FARE PAID AMOUNT

TOTAL AMOUNT TO BE CARRIED TO SUMMARY SHEET, PAGE 1