



Neshoba County School District

VOUCHER FOR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

Name: _____ Social Security Number: _____

Address: _____

For mileage of privately-owned automobile used by me for transportation and reimbursement for subsistence and other authorized expenses paid by me in the discharge of official duty from _____,20____ to _____,20____. The itemized statement follows.

CHECK (✓) ONE:	
IN STATE	<input type="checkbox"/>
OUT OF STATE	<input type="checkbox"/>

OFFICE USE ONLY
ACCOUNT NUMBER:

ALLOWABLE AMOUNT CLAIMED	
TAXABLE MEALS	
NON-TAXABLE MEALS	
LODGING	
Travel – AUTO-PRIVATE (\$.45 p/m)	
Travel – AUTO-RENTAL	
Travel – PUBLIC CARRIER	
OTHER:	
SUB-TOTAL	
LESS TRAVEL ADVANCE	
TOTAL REIMBURSEMENT (Refund)	

Subject to any difference determined by verification, I certify that the above 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.

Signature of Payee: _____ Title: _____ Date: _____

Verified by: _____ Title: _____ Date: _____

Approved by: _____ Title: Superintendent of Education Date: _____

