

VOUCHER FOR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICAL TRAVEL

State of Mississippi: Department of Education

Name: _____

Address: _____

Revised October 24, 2022

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 _____ to _____.

The itemized statement follows:

Check one:	
In State	
Out of State	
Out of Country	

Accounting Codes	
Budget Year	
Fund	
Rptg Category	
Org Code	
Sub Org	
Activity Code	

Office use Only	Voucher #	
Office use Only	Trip #	
Per Diem		
Meals		
Lodging		
Travel-Auto-Private		
Travel-Auto-Rental		
Travel-Public Carrier		
Other (Tips, Parking, etc)		
Registration		
Sub-Total		
Less Travel Advance		
Net Reimbursement		

Check One:	
	Employee
	Contract Worker
	Board Member

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. In the event of overpayment, I agree that any future salary/travel disbursements may be debited to correct the overpayment.

SIGNATURE OF PAYEE: _____ DATE: _____ Supervisor Verification: _____

Business Manager: _____ Date: _____ Approved for Payment: _____

Title: Superintendent of Education/Assistant Superintendent

PENALTY FOR FRAUDULENT CLAIM-fine of not more that \$250.00: Civilly liable for full amount received illegally: removal from office or position held (Section 25-1-81 and 25-1-91, Miss. Code ann- 1972

Form 13.20.10

Itemized Statement of Travel Exp.

SPAHR# AG#:_____

Name: _____

Date	Purpose	Points of Travel	Miles	\$8.00 Allowed Breakfast	\$12.00 Allowed Lunch	\$26.00 Allowed Dinner	Daily Meals Allowed	Hotel	Other Authorized Expenses	
									Item	Amount
							46.00			
							46.00			
							46.00			
							46.00			
							46.00			
							46.00			
							46.00			
							46.00			
							46.00			
							46.00			
							46.00			
							46.00			
							46.00			
							46.00			
							46.00			
							46.00			
							46.00			
							46.00			
Total										
		Mileage Reimbursement Rate	0.62							
		Total Mileage Dollar Amount								

Note: (1) Receipt for amounts paid for lodging and other expenses must accompany this voucher. (2) All activity pertaining to a certain date is to be shown on the associated line or lines completely across the form. (3) Each meal has a max allowed expense based on the Maximum Daily Meal Reimbursement. (4) If Tips are included in Other, then the type of tip must be identified. (5) A continuation sheet may be used, if necessary. (6) High Cost Areas – Starkville and Southaven: Daily Meal Allowance is \$51