

NORTH PIKE SCHOOL DISTRICT TRAVEL REIMBURSEMENT VOUCHER

Name: _____

Address: _____

Funding Code: _____
 _____ District Funds _____ Activity Funds

In State Travel
 Out of State Travel

PO #

Attach to this voucher:

1. ALL MEAL & OTHER RECEIPTS—
 (REQUIRED FOR REIMBURSEMENT)
2. A copy of your **current auto insurance card**
 (if you are claiming a mileage reimbursement)

MILEAGE (use of personal vehicle)

DATE	FROM	TO	# OF MILES	PURPOSE OF TRAVEL

Meals are reimbursed if staying overnight only.
RECEIPTS ARE REQUIRED (Attach)

Total Miles x **\$0.54** cents per mile = \$ _____
 (effective 1/1/2015)

MEALS/LODGING (Daily Maximum Meal Reimbursement Allowance): In State- \$41.00, Out of State-Refer to Chart
 view chart at: www.dfa.state.ms.us/Purchasing/Travel/convertedrates.pdf

Date	Breakfast Amount	Lunch Amount	Dinner Amount	Total Meal Amount for Day	Lodging/Hotel Costs	Purpose of Trip
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
TOTALS:				\$	\$	

OTHER COSTS (List): _____ \$
 _____ \$
 _____ \$

Signature: _____ **Date:** _____
Verified by: _____ **Date:** _____
Superintendent _____ **Date:** _____
 approved

Mileage	\$
Meals (Attach Receipts)	\$
Lodging (Attach Receipts)	\$
Other Costs (Attach Receipts)	\$
Total:	\$