

THIS FORM CAN BE USED FOR MORE THAN ONE TRAVEL OCCURRENCE.

MADISON COUNTY SCHOOL DISTRICT
VOUCHER FOR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

Effective 2/23/07
THE BACK OF THIS FORM MUST BE COMPLETED.

EMPLOYEE NAME _____ EMPLOYEE LOCATION _____

For mileage for 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 as per itemized statement within:

FROM: _____, 200_____, TO: _____, 200_____

AMOUNT CLAIMED		FINANCE USE ONLY	
FOR	AMOUNT	PO #	
MEALS		VENDOR #	
LODGING (PERSONALLY PAID)		CLAIM #	
TRAVEL (PRIVATE AUTO)		INVOICE #	
TRAVEL (PUBLIC CARRIER ATTACH RECIEPTS)		CHECK #	
OTHER TRAVEL COST		CHECK DATE	
SUBTOTAL		CHECK AMOUNT	
LESS: TRAVEL ADVANCE		VERIFIED TOTAL REIM.	
TOTAL CLAIMED (REFUND)		(REFUND)	

CHECK HERE IF OVERNIGHT STAY

INDICATE METHOD OF PAYMENT

- Personally (Attach Receipts)
- Purchase Order (Direct Billed)
- District Check (Attach Receipt)

Entire or partial Hotel Payments made personally should be included in the "Amount Claimed" column: Payments made by Purchase Order or District Check should not be included.

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.

Employee Signature _____ Date _____
 Principal, Supervisor or Program Dir. Approval _____ Date _____
 Finance Office Verification _____ Date _____

	Account 1	Account 2	Account 3	Account 4
FUND				
GLC				
FUNCT				
PROG				
OBJECT				
UNIT				
AMOUNT	\$	\$	\$	\$

NOTE
 For meal allowances, departure should occur before 7:00 a.m. for breakfast, 12:00 noon for lunch, and before 6:00 p.m. for dinner
 Meals can only be reimbursed when an overnight stay has occurred

MAXIMUM MEAL REIMBURSEMENT RATES

ALL AREAS EXCEPT HIGH COST	HC - 1	HC - 2	HC - 3
BREAKFAST	\$8.00	\$9.00	\$10.00
LUNCH	\$10.00	\$12.00	\$13.00
DINNER	\$13.00	\$15.00	\$18.00
TOTAL	\$31.00	\$36.00	\$41.00

Find your rates on the following web address:
<http://www.dfa.state.ms.us/Purchasing/Travel/convertedrates.pdf>
 Contact Finance Office for location of In-State (I/S) and Out of State (O/S) High Cost Areas

