

The Mississippi Schools for the Deaf and the Blind Travel Reimbursement

Travel Reimbursement Form must be completed and submitted within five (5) days after trip. Please complete all relevant sections.

Name: _____

Official Meeting Attended: _____

Location of Meeting: City _____ State _____

Date of Trip: Beginning _____ Ending _____

NOTE: Please attach all receipts

Date (month date/year)										Totals
Airfare (See Keshia Sanders)										\$
Meals (Overnight travel only)										\$
Lodging										\$
Conference Registration (if paid by employee)										\$
1 Transportation (Number of Miles): _____ x Current Rate \$ _____ per mile (Enter current applicable rate) <i>*If No District owned vehicle is available .655 per mile, If a District owned vehicle is available .22 per mile.</i>										\$
Other Expenses										\$
TOTAL REIMBURSEMENT REQUESTED										\$

Employee Signature: _____

Date: _____

Principal/Director Signature: _____

Date: _____

Chief Financial Officer: _____

Date: _____

Office Use Only:

Fund/GL Code