

## 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)									\$
<b>1 Transportation (Number of Miles):</b> _____ x Current Rate \$ _____ per mile (Enter current applicable rate) <i>*If No District owned vehicle is available .67 per mile, If a District owned vehicle is available .21 per mile.</i>									\$
Other Expenses									\$
<b>TOTAL REIMBURSEMENT REQUESTED</b>									<b>\$</b>

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal/Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only:

\_\_\_\_\_  
Fund/GL Code