

# MOUND BAYOU PUBLIC SCHOOL DISTRICT TRAVEL REIMBURSEMENT

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

Travel to: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

**Car Expense**

Personal Vehicle:                      Miles one way \_\_\_\_\_

Total Miles Driven: \_\_\_\_\_ at .405 cents per mile     0    

**Meal and Lodging Expenses**

| Date | Breakfast | Lunch | Dinner | Sub-Total | Hotel* | Daily Total |
|------|-----------|-------|--------|-----------|--------|-------------|
|      |           |       |        |           |        | -           |
|      |           |       |        |           |        | -           |
|      |           |       |        |           |        | -           |
|      |           |       |        |           |        | -           |
|      |           |       |        | -         |        | -           |
|      |           |       |        | -         |        | -           |
|      |           |       |        | -         |        | -           |
|      |           |       |        | -         |        | -           |
|      |           |       |        | -         |        | -           |

Meal and Lodging Total:     \$    -

Other Expenses: Itemize on separate sheet and attach receipts.                     

Total Travel Expenses claimed for reimbursements:     \$    -

\*\*\*\*\*ATTACH DOCUMENTS TO SUPPORT THE NATURE OF THE MEETING\*\*\*\*\*

\* All hotel bills must be attached to the travel voucher.

\* All meals receipts must be attached for non-overnite stay.

\_\_\_\_\_  
Person Making Claim

\_\_\_\_\_  
Approved by Principal

\_\_\_\_\_  
Approved by Director

\_\_\_\_\_  
Approved by Business Manager

\_\_\_\_\_  
Approved by Superintendent