

VOUCHER FOR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICAL TRAVEL

State of Mississippi: Department of Education

Social Security #: _____

Name: _____

Address: _____

Revised February 3, 2020

For mileage of 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 from _____ to _____.

The itemized statement follows:

Check one:	
In State	<input type="checkbox"/>
Out of State	<input type="checkbox"/>
Out of Country	<input type="checkbox"/>

Accounting Codes	
Budget Year	
Fund	
Rptg Category	
Org Code	
Sub Org	
Activity Code	

Office use Only	Voucher #	
Office use Only	Trip #	
Per Diem		
Meals		
Lodging		
Travel-Auto-Private		
Travel-Auto-Rental		
Travel-Public Carrier		
Other (Tips, Parking, etc)		
Registration		
Sub-Total		
Less Travel Advance		
Net Reimbursement		

Check One:	
<input type="checkbox"/>	Employee
<input type="checkbox"/>	Contract Worker
<input type="checkbox"/>	Board Member

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. In the event of overpayment, I agree that any future salary/travel disbursements may be debited to correct the overpayment.

SIGNATURE OF PAYEE: _____ DATE: _____

Verified by: _____ Title: _____ Approved for Payment: _____

Title: Superintendent of Education

