

QUITMAN SCHOOL DISTRICT
TRAVEL EXPENSE REPORT

Name of Employee _____ School _____

Date Departed _____ Date Returned _____

Conference Attended _____

Location _____

1. TRANSPORTATION: Method _____
(Must have receipt for travel other than personal auto)
(Car-pooling required by board policy – limit to 1 per 4 people)
Total Miles _____ @ \$.655/mile \$ _____

2. LODGING: (Employee only – ITEMIZED receipt must be attached.)
Number of nights _____ @ \$ _____/night \$ _____

3. MEALS: (When overnight stay is necessary.)
Max @ \$46/day (in-state)
Max @ \$51/day (out-of-state or high cost area-Southhaven and Starkville)

*Meal reimbursement SHALL NOT be more than amount **actually spent** on meals as noted in the certification below. Receipts are not required.

Meal Receipt total (not to exceed \$46 or \$51): \$ _____

4. REGISTRATION FEE: (Receipt must be attached.) \$ _____

5. MISCELLANEOUS ITEMS: (Receipt must be attached.) \$ _____

6. TOTAL TRAVEL EXPENSE: (Employee Only) \$ _____

7. LESS ADVANCE (OR AMT PD BY DISTRICT) \$ _____

8. BALANCE DUE TO EMPLOYEE \$ _____

I certify that the above is a true and correct statement of **actual** expenses incurred by me for travel as approved for official school business, including meals. I have attached any required receipts, map, and the approved Professional Leave Request form signed by my supervisor and the superintendent.

DATE _____ EMPLOYEE'S SIGNATURE _____

DATE _____ SUPERVISOR'S SIGNATURE _____

DATE _____ SUPERINTENDENT'S SIGNATURE _____

BUDGET ACCOUNT TO BE CHARGED _____