

**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 3 people)  
Total Miles \_\_\_\_\_ @ \$.67/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** \_\_\_\_\_