South Panola School District

ph. 662.563.9361 209 Boothe Street, Batesville MS 38606 fx. 662.563.4524

Expense Reimbursement Form

Revised January 2, 2018

Employee Name :		*Signature of Employee:*	
Source (Account #)		Date of Submission:	
Employee #: :		*Signature of Supervisor:*	
School / Dept.:		*Verified by:*	

Travel / Mileage Reimbursement Section

Date	Location - Traveled To / From	Purpose of Travel	Miles	Rate	Amount
				$0.545	$0.00
				$0.545	$0.00
				$0.545	$0.00
				$0.545	$0.00
				$0.545	$0.00
				$0.545	$0.00
				$0.545	$0.00
				$0.545	$0.00
				$0.545	$0.00
				$0.545	$0.00
				$0.545	$0.00
				$0.545	$0.00
				$0.545	$0.00
				$0.545	$0.00
				$0.545	$0.00
				$0.545	$0.00
		Sub-Total of Travel / Mileage Expenses >>>			$0.00

Overnight Travel Expense Section: ***(Per diem rate for meals $41.00 for all areas in MS)***

Date	Name & Location of Hotel	Room Cost	Breakfast	Lunch	Dinner	Amount
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
		Sub-Total of Overnight Travel Expense >>>				**$0.00**

Other Misc / Expense Section:

Note: Itemize - Airline Tickets, Parking fees, Taxi fees, Travel Tolls, etc. - Receipts must be attached!

Date	Description	Amount
	Sub-Total of Other Misc / Expense(s) >>>	**$0.00**

Total Amount to be Reimbursed to Employee >>>	**$0.00**