

# South Panola School District

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

## Expense Reimbursement Form

Revised January 1, 2021

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
				\$0.560	\$0.00
				\$0.560	\$0.00
				\$0.560	\$0.00
				\$0.560	\$0.00
				\$0.560	\$0.00
				\$0.560	\$0.00
				\$0.560	\$0.00
				\$0.560	\$0.00
				\$0.560	\$0.00
				\$0.560	\$0.00
				\$0.560	\$0.00
				\$0.560	\$0.00
				\$0.560	\$0.00
				\$0.560	\$0.00
				\$0.560	\$0.00
				\$0.560	\$0.00
				\$0.560	\$0.00
				\$0.560	\$0.00
<b>Sub-Total of Travel / Mileage Expenses &gt;&gt;&gt;</b>					<b>\$0.00</b>

### Overnight Travel Expense Section: (Per diem rate for meals \$46.00 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
						\$0.00
<b>Sub-Total of Overnight Travel Expense &gt;&gt;&gt;</b>						<b>\$0.00</b>

### Other Misc / Expense Section:

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

Date	Description	Amount
<b>Sub-Total of Other Misc / Expense(s) &gt;&gt;&gt;</b>		<b>\$0.00</b>

<b>Total Amount to be Reimbursed to Employee &gt;&gt;&gt;</b>	<b>\$0.00</b>
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