

South Panola School District

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

Expense Reimbursement Form

Revised July 1, 2022

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
				\$0.625	\$0.00
				\$0.625	\$0.00
				\$0.625	\$0.00
				\$0.625	\$0.00
				\$0.625	\$0.00
				\$0.625	\$0.00
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				\$0.625	\$0.00
				\$0.625	\$0.00
				\$0.625	\$0.00
				\$0.625	\$0.00
Sub-Total of Travel / Mileage Expenses >>>					\$0.00

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
						\$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