

FOREST MUNICIPAL SCHOOL DISTRICT

325 Cleveland Street • Forest, Mississippi 39074 • (601) 469-3250

TRAVEL VOUCHER

_____ attended _____
[Employee] [Conference or Workshop Name]

[Destination City/State]

Date of trip: _____

Expenses for personal vehicle: State rate: 0.545/mile X _____ # miles Total for mileage \$ _____

Expenses for lodging:
(attach receipt) Total for lodging \$ _____

Meals: Total for meals: \$ _____
Limit of \$41 per night
Limit of \$46 Oxford
Limit of \$46 Starkville
Limit of \$51 Southaven

Other [e.g.parking]: Total for other: \$ _____
(Attach receipt)

(Attach to a purchase order) **Total Expenses:** \$ _____

Signature of person making claim

Supervisor's Authorization to Pay