

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

Revised January 1, 2023

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	
				\$0.655	\$0.00	
				\$0.655	\$0.00	
				\$0.655	\$0.00	
				\$0.655	\$0.00	
				\$0.655	\$0.00	
				\$0.655	\$0.00	
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				\$0.655	\$0.00	
				\$0.655	\$0.00	
				\$0.655	\$0.00	
				\$0.655	\$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
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