South Panola School District

ph. 662.563.9361 209 Boothe Street, Batesville MS 38606 fx. 662.563.452

Expense Reimbursement Form

Revised January 1, 2022

Employee Name :		Signature of Employee:					
Source (Account #)				Date of Submission:			
, i			Signature of Supervisor:				
Employee #: : School / Dept.:			·				
SCHO	or/ Dept		Verified by:				
Travel / Mileage Reimbursement Section							
Date	ate Location - Traveled To / From		Purpose of Travel		Miles	Rate	Amount
						\$0.585	\$0.00
						\$0.585	\$0.00
						\$0.585 \$0.585	\$0.00 \$0.00
						\$0.585	\$0.00
						\$0.585	\$0.00
						\$0.585	\$0.00
						\$0.585	\$0.00
						\$0.585	\$0.00
						\$0.585	\$0.00
						\$0.585	\$0.00
						\$0.585	\$0.00
						\$0.585	\$0.00 \$0.00
						\$0.585 \$0.585	\$0.00
		Sub-Total of T	ravol / Miloago	Evnoncos			0.00
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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	
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