

**MITCHELL COUNTY SCHOOLS  
Reimbursement of Travel and Other Expenses**

Instructions: Attach all necessary receipts and documents to this form and submit to the Finance Department within 30 days.

<b>Name:</b>	<b>Vendor #:</b>	<b>Account Code:</b>
<b>Address:</b>		<b>Workshop/Activity:</b>
<b>Social Security Number:</b>	<b>Departure Time:</b>	<b>Return Time:</b>
<b>Position/Title</b>	<b>School/Department:</b>	

**TRAVEL**

Date	From (City and State)	To (City and State)	Daily Private Car Mileage	In-State	Out-of-State
			@ \$ _____	\$	\$
			@ \$ _____	\$	\$
			@ \$ _____	\$	\$
			@ \$ _____	\$	\$
			@ \$ _____	\$	\$
<b>TOTAL</b>				<b>\$</b>	<b>\$</b>

**SUBSISTENCE**

Date	Expense	In-State	Out-of-State
	<b>Breakfast</b>	\$	\$
	<b>Lunch</b>	\$	\$
	<b>Dinner</b>	\$	\$
	<b>Hotel</b>	\$	\$
	<b>Breakfast</b>	\$	\$
	<b>Lunch</b>	\$	\$
	<b>Dinner</b>	\$	\$
	<b>Hotel</b>	\$	\$
	<b>Breakfast</b>	\$	\$
	<b>Lunch</b>	\$	\$
	<b>Dinner</b>	\$	\$
	<b>Hotel</b>	\$	\$
<b>TOTAL</b>		<b>\$</b>	<b>\$</b>

**OTHER EXPENSES (registration, parking, etc.)**

Date	Explanation	Amount
		\$
		\$
		\$
		\$
<b>TOTAL</b>		<b>\$</b>

<b>GRAND TOTAL</b>	<b>\$</b>
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*I have examined this reimbursement request and certify that it is just and reasonable.*

_____	_____
Employee's Signature	Date
_____	_____
Supervisor's Signature	Date
_____	_____
Finance Officer's Signature	Date

**Subsistence Rates**

	In-State	Out-of-State
<b>Breakfast</b>	\$7.75	\$7.75
<b>Lunch</b>	\$10.10	\$10.10
<b>Dinner</b>	\$17.30	\$19.65
<b>Lodging (actual, up to)</b>	\$65.90	\$78.05

**Travel Rates**

<b>School Vehicle Not Available</b>	.45 per mile
<b>School Vehicle Available (but opt to use private)</b>	.25 per mile

