

SENATOBIA MUNICIPAL SCHOOL DISTRICT TRAVEL VOUCHER

NAME: _____
TRIP TO: _____
PURPOSE OF TRIP: _____
DATE OF TRIP: _____

DATE (month/day)					
BREAKFAST					
LUNCH					
DINNER					
DAILY MEAL TOTALS (Cannot exceed \$46.00 per day within the State.)					TOTAL MEALS \$
LODGING					TOTAL LODGING \$
REGISTRATION AND/OR DUES (attach receipts)					\$
MILEAGE = _____ MILES @ _____ PER MILE					\$
OTHER EXPENSES (itemize below)					\$
TOTAL EXPENSES					\$

Explanation of other expenses:

I hereby certify that the above expenses were actually incurred by me in the performance of my duties with the Senatobia Municipal School District.

Date

Signature of Claimant

APPROVED _____
Superintendent

SMSD 07/08