

TRAVEL REIMBURSEMENT FORM  
HANCOCK COUNTY SCHOOL DISTRICT  
KILN, MS 39556

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 SCHOOL \_\_\_\_\_  
 FUND \_\_\_\_\_

For mileage for privately owned automobile used by me for transportation and reimbursement for subsistence and other authorized expenses paid by me in the discharge of official duty from \_\_\_\_\_ to \_\_\_\_\_. The itemized statement follows.  
 The back of this form must be completed in full.

**TRAVEL-Complete Back of Form**

Auto Travel _____ miles @ \$.40 per mile	\$ _____
Meals (overnight stay required-complete back)	\$ _____
Lodging - attach receipts	\$ _____
Registration Fee - attach receipt	\$ _____
Other Travel Total-Complete back of form	\$ _____

**TOTAL DISTRICT TRAVEL** \$ \_\_\_\_\_

**Expenses Prepaid by District**

Hotel _____	\$ _____
Registration Fee	\$ _____
Other _____	\$ _____
	(\$ _____ )

**Less Advance Payments**

**TOTAL TRAVEL APPROVED FOR PAYMENT** \$ \_\_\_\_\_

Subject to any differences determined by verification, I certify that the above amount claimed by me for travel expenses for the period indicated is true and accurate in all respects and that payment for any part has not been received.

Signature of Payee \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
 Approved for Payment \_\_\_\_\_ Date \_\_\_\_\_

**PENALTY FOR FRAUDULENT CLAIM**-Fine of not more than \$250, civilly liable for full amount received illegally, removal from office or position held (Section 25-1-81 and 25-1-91, Miss Code Ann. 1972)

