

**New Albany School District
Travel Reimbursement Form**

Date(s) Traveled _____

Purpose _____
Must attach name badge and program/itinerary. Attach a schedule for athletic admin duty.

Location _____

Automobile Transportation

Total miles driven _____ x .67 cents per mile \$ _____

Air Transportation

Attach two quotes and a copy of airline tickets. \$ _____

Hotel Expense

Attach receipt, deducting any incidentals and MS sales tax. \$ _____

Meals

\$13.00 Breakfast x _____

\$15.00 Lunch x _____

\$26.00 Dinner x _____

\$5.00 Incidental Fee x _____ \$ _____

Receipts not needed. Meals provided as part of
conference etc. are not eligible for reimbursement.
"Receptions" are not considered meals.

Registration Fee

Attach confirmation of charges and receipt
unless paid by the district. \$ _____

Other Expenses

Attach receipts. Deduct Mississippi sales tax. \$ _____

Total Requested Reimbursement \$ _____

Printed Name and Signature of Person Requesting Reimbursement

Date

Signature of Person Approving Reimbursement

Date

Signature of Superintendent

Date

NOTES:

Meal reimbursement is allowed **ONLY** when an overnight stay is required.

\$.67 per mile is effective beginning January 1, 2024 in accordance with policy DJD.

\$59.00 per day meal reimbursement is effective for travel beginning October 1, 2023.

