

HAZLEHURST CITY SCHOOL DISTRICT
119 Robert McDaniel Drive
Hazlehurst, MS 39083

Mr. Cloyd Garth Jr., Superintendent

REQUEST FOR REIMBURSEMENT

Employee Name: _____ Social Security Number: ____-____-____

Dates of Travel: ___/___/___ to ___/___/___ Destination: _____

Total Estimated Cost: \$_____ Travel Advance Requested: \$_____

Budget Account to be charged: _____

Employee: _____ Date: _____

Worksheet

	<u>ACTUAL COST</u>
Air	\$ _____
Meals (___ Days @ \$____/Day)	\$ _____
Lodging (___ Days @ \$____/Day)	\$ _____
Registration	\$ _____
Rental (___ Days @ \$____/Day)	\$ _____
Mileage (___ Miles @ \$0.55/mile)	\$ _____
Other	\$ _____
Sub-Total	\$ _____
Less registration paid by district	-\$ _____
Less travel advance received	-\$ _____
Amount to be Reimbursed	\$ _____