(Rev. 3/99)

REIMBURSEMENT FOR MOVING EXPENSES

School Distri	District No.		
Teacher:	Name		
	Address		
	City, State, Zip		
	Social Security Number		
Moving Expense		Amount	(√) Documentation Attached
Profession	nal Moving Company		Documentation Attached
Employed	d Persons Assisting with Move		Documentation Attached
Rented Vehicles and Equipment			Documentation Attached
Meals (no	ot to exceed \$30 per day – limited to two		Documentation Attached
Hotel (not to exceed \$75.00 – limited to one night)			Documentation Attached
authorize Section 2	eimbursement based on amount d for state employees (MS Code 25-3-41). (limited to one trip - one way - stance - one personal vehicle.)		Note: Attached documentation must include points of travel.
Total	(Not to exceed \$1,000.00)		
	Note: Documentation of movir	ng expenses	must accompany this form.
	t of the reimbursement from the Depa ent to the teacher identified above.	rtment of Edu	ucation, the School District will forward said
NOTE: No to	eacher may be reimbursed for moving	g expenses o	n more than one (1) occasion.
		Superintende	ent
(Print)			
(FIIII)			
Date			

Submit request to:

Office of School Financial Services Mississippi Department of Education P. O. Box 771 Jackson MS 39205-0771 (Rev. 3/99)

REQUEST OF PRIOR APPROVAL FROM THE DEPARTMENT OF EDUCATION FOR REIMBURSEMENT OF TEACHER MOVING EXPENSES

School District	District No	_
Teacher Name		
Social Security Number _		
Teacher's Current Address _		
_ _		
Teacher's Anticipated Address _		
_ 		
	er's contract must accompany this request. ed for moving expenses on more than one (1) occasion.	
The school district requests that the expenses not to exceed \$1,000 for	partment of Education approve the reimbursement of moving teacher indicated above.	
	, Superintendent	
(Print)		
Date		

Submit request to:

Office of School Financial Services Mississippi Department of Education P. O. Box 771 Jackson MS 39205-0771