

REIMBURSEMENT FOR MOVING EXPENSES

School District _____ District No. _____

Teacher: Name _____

Address _____

City, State, Zip _____

Social Security Number _____

Moving Expense	Amount	(√) Documentation Attached
Professional Moving Company		Documentation Attached
Employed Persons Assisting with Move		Documentation Attached
Rented Vehicles and Equipment		Documentation Attached
Meals <u>(not to exceed \$30 per day – limited to two days)</u>		Documentation Attached
Hotel <u>(not to exceed \$75.00 – limited to one night)</u>		Documentation Attached
Mileage reimbursement based on amount authorized for state employees (MS Code Section 25-3-41). <u>(limited to one trip - one way - shortest distance - one personal vehicle.)</u>		Note: Attached documentation must include points of travel.
Total (Not to exceed \$1,000.00)		

Note: Documentation of moving expenses must accompany this form.

Upon receipt of the reimbursement from the Department of Education, the School District will forward said reimbursement to the teacher identified above.

NOTE: No teacher may be reimbursed for moving expenses on more than one (1) occasion.

_____, Superintendent

(Print)

Date

Submit request to:

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

(Rev. 7/21)

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

School District _____ District No. _____

Teacher Name _____

Email Address _____

Teacher's Current Address _____

Teacher's Anticipated Address _____

**Note: A copy of the executed teacher's contract must accompany this request.
No teacher may be reimbursed for moving expenses on more than one (1) occasion.**

The school district requests that the Department of Education approve the reimbursement of moving expenses not to exceed \$1,000 for the teacher indicated above.

_____, Superintendent

(Print)

Date

Submit request to:

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Mississippi Department of Education
P. O. Box 771
Jackson MS 39205-0771