

REQUEST FOR REIMBURSEMENT

WOODVILLE INDEPENDENT SCHOOL DISTRICT

Use this form **WHEN REQUESTING A CHECK** for travel expenses not requiring a purchase order.
BE SURE TO FILL IN ALL INFORMATION REQUESTED, INCOMPLETE FORMS WILL BE RETURNED!

Date: _____

Name _____ Job Title _____

Address _____

DATE OF TRIP _____ TO _____ DESTINATION/CITY: _____

PURPOSE OF TRIP _____
Include workshop/conference name & number if applicable

MILEAGE

↓ Total Miles _____ x **0.545** State Rate = _____

Call for the pre-approved round-trip mileage to many Texas cities or include a Google Map from the school address (or your home address, whichever is closer) to your destination.

MEALS (Overnight Trips Only)

Number of faculty and students

How Many Days for Breakfast: _____	X	\$5.00	X	_____	=	_____
How Many Days for Lunch: _____	X	\$6.00	X	_____	=	_____
How Many Days for Dinner: _____	X	\$9.00	X	_____	=	_____

LODGING (Exempt from State Tax)

Name & Address
of Hotel: _____

Be sure to include hotel confirmation or detailed billing with this request.

[Room Rate] _____ X [Number of Rooms] _____ X [How Many Nights] _____ = _____

OTHER (Explain...Parking, Workshop Fees, etc)

_____ = _____
Must provide receipts or registration documentation.

TOTAL AMOUNT OF CHECK: _____

Account Code: _____

Please complete by checking one of the following:

Mail check to above address

Return to Requestor

Signature of Claimant / Requestor

Date

Claimant Statement: I certify that all monies received for meals (were/will be) spent for that purpose only.

Approved (Principal / Director)

Date

Central Office Approval

Date

Return completed form to Business Office, WISD Central Office

Revised 09/17/2013