

**WHARTON INDEPENDENT SCHOOL DISTRICT
TRAVEL REIMBURSEMENT REQUEST**

APPROVED COPY OF TRAVEL REQUEST MUST BE ATTACHED BEFORE REIMBURSEMENT WILL BE APPROVED.

1. This form should be filled out in duplicate, after the trip is made. Turn in original of this form to Business Office and retain a copy for your records.
2. Refer to district **Travel Guidelines and Procedures** on the WISD homepage.
3. Travel Reimbursement Requests must be approved by principal/supervisor before sending to the Business Office. **All attachments, a budget code and a calculation of the total reimbursement must be included. The requested reimbursement must be noted on each receipt. Receipts must be itemized.**

TRAVEL DETAILS: _____

REIMBURSEMENT REQUESTED:

Total Car Mileage: _____ Miles @ **\$.56** \$ _____
(Refer to the WISD homepage/Internal Forms & Procedures/Mileage Calculator
OR Google Maps)

Total Lodging: (Attach hotel receipt) _____ Days @ \$ _____ \$ _____
(Refer to www.gsa.gov homepage/Travel/Plan & Book/Per Diem Rates/Per Diem Look-Up)

Total Meals: (Attach **ITEMIZED** receipts in ORDER of OCCURRENCE) \$ _____
(Overnight travel only, due to IRS regulations) (No reimbursement for Tips)

Total Other Expenses: (Attach receipts & detail) \$ _____
..... \$ _____
..... \$ _____

TOTAL REIMBURSEMENT \$ _____

I certify that the above expenses are true and correct and were incurred by me in the performance of my official duties in accordance with Board Policy & Procedures.

Employee's Name (PRINT) Date

Approved by Principal/Supervisor

Employee's Signature

Bus. Mgr./Asst. Supt. of Fin./Superintendent

Budget Code