

MILEAGE REIMBURSEMENT REQUEST

Employee: _____

MILEAGE REIMBURSEMENT:

<u>DATE</u>	<u>CITY TRAVELED TO</u>	<u>PURPOSE OF TRAVEL</u>	<u>TOTAL MILES</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Miles _____ @ \$.60/mile = \$ _____

- ❖ You will be reimbursed \$.60 per mile to use your personal vehicle only if a WISD vehicle is not available.
- ❖ Mileage reimbursement will begin at WISD campus unless departing at a point closer to destination.
- ❖ Maximum allowed mileage: Victoria – 140 Austin – 172 Houston – 176 San Antonio - 222
- ❖ For destinations other than these, consult www.wildtexas.com/travel-calculator.php.

PARKING REIMBURSEMENT: \$ _____ (attach receipts)

OTHER REIMBURSEMENT: \$ _____ (attach receipts)

TRAVEL ACCOUNT CODE: _____ -- 6 4 1 1 -- _____ -- X -- _____

TOTAL REIMBURSEMENT DUE EMPLOYEE \$ _____

ALL REQUIRED RECEIPTS MUST BE ATTACHED. Submission of false information is in violation of state law.

EMPLOYEE:

I certify that the above request is true and correct: _____
Employee signature

ADMINISTRATOR APPROVAL:

Campus Principal Signature

Business Manager Signature