

# 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 \_\_\_\_\_ @ \$ .50/mile = \$ \_\_\_\_\_

- ❖ You will be reimbursed \$.485 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](http://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