

# Poth Independent School District Travel Reimbursement Request

EMPLOYEE NAME: \_\_\_\_\_ CAMPUS/DEPT: \_\_\_\_\_

TRIP TO: \_\_\_\_\_ PURPOSE: \_\_\_\_\_  
CITY, STATE

DEPARTURE TIME/DATE: \_\_\_\_\_ RETURN TIME/DATE: \_\_\_\_\_

CHECK ONE:  TRAVEL IN PERSONAL VEHICLE (MUST BE PREAPPROVED BY SUPERVISOR)  
 TRAVEL IN SCHOOL VEHICLE  
 TRAVEL AS PASSENGER  
 OTHER TRAVEL (EXPLAIN: \_\_\_\_\_)

### REIMBURSEMENT INFORMATION:

MILEAGE REIMBURSEMENT: \_\_\_\_\_ MILES @ \$0.545 PER MILE \$ \_\_\_\_\_  
MEAL EXPENSE TOTAL (ATTACH RECEIPTS) \$ \_\_\_\_\_  
LODGING EXPENSE TOTAL (ATTACH RECEIPTS) \$ \_\_\_\_\_  
PARKING EXPENSE TOTAL (ATTACH RECEIPTS) \$ \_\_\_\_\_  
OTHER (EXPLAIN: \_\_\_\_\_) \$ \_\_\_\_\_  
**TOTAL REIMBURSEMENT REQUESTED \$ \_\_\_\_\_**

REQUESTING EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADMINISTRATOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERINTENDENT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**BUDGET ACCOUNT CODE** (ASSIGNED BY ADMINISTRATOR): \_\_\_\_\_

**SUBMIT TO BUSINESS OFFICE UPON FINAL APPROVAL.**

**FOR BUSINESS OFFICE USE ONLY: PA/PO # \_\_\_\_\_ BUDGET BALANCE \$ \_\_\_\_\_**

**REIMBURSEMENT RATES GOOD THROUGH 12/31/2018**