

WISD

Mileage and Supply Reimbursement Meal Request Student

Student Name: _____

Campus/Department: _____

Mileage Reimbursement

Internet mapping printouts (Google maps, MapQuest) are required for mileage reimbursements. Please use the Whitney ISD Transportation and Warehouse Facility at **1501 North Brazos Street, Whitney, TX 76692** as the starting point.

Date	Destination	Reason	Total Miles

Total miles _____ **X \$.65.5** (Mileage Reimbursement Rate effective 01/09/2023) = \$ _____

Supply Reimbursement

Receipts will be required for any reimbursement, and must be attached. Tax ***will not*** be reimbursed.

Date(s) of Purchase	Reason	Total

Overnight Stay Meal Request

Event	
Date(s)	
Person/People Attending	
Number of Breakfasts @ \$ 10.00	
Number of Lunches @ \$12.00	
Number of Dinners @ \$14.00	
Total Amount Requested	

Student Signature: _____

Teacher Signature: _____

Date: _____

A requisition must be processed and approved prior to purchase.

Please attach this form along with required documentation to the approved Purchase Order. Then, turn in all forms to Sara Rowe, Accounts Payable, in the WISD Business Office for payment processing.