Midland Independent School District

# Professional Trip Reimbursement Form

Please reference all PO #'s used for this trip if applicable

_____

| Travel Times |
|---|
| Depart Time: |
| Return Time: |

| | |
|---|---|
| Name: | Title: |
| Employee ID: | Destination: |
| Department: | Event: |
| Request Date: | Budget Code: |

1st and last day meal per diem will be based on depart time and return time. Meal per diem is based on the federal GSA rate for that city.

| *For Office Use Only* |
|---|
| Check # |
| Batch Date: |

Trip began before 6:00 AM | Trip began before 11:00 AM | Trip ended after 6:00 PM

| DATE | Depart/Return Time | Lodging | Conference Registration | Parking & Transport | Breakfast | Lunch | Dinner | MISC. | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
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| | | | | | | | Non Exempt Taxes- Texas City & County/ Out of State Only | | |
| | | | | | | | | GRAND Total Reimbursement | |

**Note: Current Annual Mileage Rate for 2024 is .67 per mile.**

**Total Miles for Reimbursement _____ X Annual Mileage Rate _____ = _____**

**Meals per Diem is not allowed with Federal funds.**

**Refer to the Professional Travel Reimbursement Checklist for required documentation.**

**Payee Signature** **Date**

**Director/ Principal** **Date**