

**WISD**  
**Mileage and Supply Reimbursement**  
**Meal Request**  
**Staff**

Employee 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 **\$ .70** (Mileage Reimbursement Rate effective 01/08/2025) = \$ \_\_\_\_\_

**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 @ \$ 14.00	
Number of Lunches @ \$16.00	
Number of Dinners @ \$25.00	
Total Amount Requested	

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**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.

**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 **\$ .70** (Mileage Reimbursement Rate effective 01/08/2025) = \$ \_\_\_\_\_

**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: \_\_\_\_\_

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**A requisition must be processed and approved prior to purchase.**

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Then, turn in all forms to Sara Rowe, Accounts Payable, in the WISD Business Office for payment processing.