

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 @ \$0.575 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 12/31/2020