

**WAXAHACHIE INDEPENDENT SCHOOL DISTRICT  
EMPLOYEE TRAVEL & FEES REIMBURSEMENT  
effective 08.01.2025**

Employee Name: \_\_\_\_\_ Campus/Dept: \_\_\_\_\_  
Employee Mailing Address (for summer reimbursements): \_\_\_\_\_

DESTINATION and PURPOSE of TRAVEL: (attach a copy of the registration confirmation) \_\_\_\_\_  
Registration cost and PO # \_\_\_\_\_

Is this trip: **Overnight?** Yes  No  N/A  DATE \_\_\_\_\_ TIME (AM/PM) \_\_\_\_\_  
Depart  AM  PM  
**Out of State?** Yes  No  N/A  DATE \_\_\_\_\_ TIME (AM/PM) \_\_\_\_\_  
Return  AM  PM  
Date of Board Approval: \_\_\_\_\_

**MILEAGE** \* (Personal Vehicle) Total Miles: \_\_\_\_\_ claimed @ **\$ 0.700** per mile \$ \_\_\_\_\_  
PO # \_\_\_\_\_  
**\* All employees must submit an electronic map, Google or similar, calculating the shortest round-trip distance for the approved trip. If multiple employees are traveling to the same event, they must plan to travel together in as few vehicles as possible.**

**MEALS** (Reimbursed for overnight travel only) <https://www.gsa.gov/travel?gsaredirect=travel-resources>  
Travel Days \_\_\_\_\_ Breakfasts @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_ Full Days @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
\_\_\_\_\_ Lunches @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_ Estimated Total for Meals: \$ \_\_\_\_\_  
\_\_\_\_\_ Dinners @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_ PO# \_\_\_\_\_

**\*\*Travel day allotments are limited to 75% of the M&IE rates per the GSA website.\*\*  
Must attach printed M&IE rate breakdown table from the website. Incidental expenses are not allowed.**

**LODGING** (Attach hotel confirmation that shows breakdown of nightly rates) \$ \_\_\_\_\_  
Total Nights @ \$ \_\_\_\_\_ nightly allowed rate PO# \_\_\_\_\_  
City Occupancy Tax Percentage \_\_\_\_\_ % ← Leave blank if not known.  
Name and Address of Hotel: \_\_\_\_\_  
Sharing Lodging with other(s): \_\_\_\_\_  
Name/Campus or District: \_\_\_\_\_  
Name/Campus or District: \_\_\_\_\_

\*Go to <https://www.gsa.gov/travel-resources> to locate maximum allowed rates for in & out-of-state lodging and meals. **Itemized hotel receipt is required immediately upon return.** You must provide the hotel with the **Texas Hotel Occupancy Tax Exemption Certificate**. State taxes will **NOT** be reimbursed. Hotel charges **NOT** eligible for reimbursement are: gratuity, service delivery charges/fees, valet parking when self-parking is available, and phone charges. **\*\*Any cost above the GSA maximum allowable rate is the responsibility of the traveler.\*\***

[CLICK HERE](#)

**OTHER EXPENSES** (Parking, gas for rental car, transportation charges, public transit fares, etcetera)  
\*Itemized and legible receipts are required. Non-itemized or illegible receipts will **NOT** be reimbursed.  
\$ \_\_\_\_\_ PO# \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**TOTAL EXPENSES CLAIMED** \$ \_\_\_\_\_

I certify that the travel listed was made in connection with official business. The amounts are correct and previously unclaimed. I understand that no money of Waxahachie ISD may be paid out except upon receipt of itemized statements turned in by those to whom money is due. Receipts for hotel bills and public transportation must be included. Rates of reimbursement and rules are determined by and in compliance with The State of Texas Travel Allowance Guide.

Claimant Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

