

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 01/08/2026) = \$ _____

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 WISD Business Office for a requisition to be entered.