

# 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 01/08/2026) = \$ \_\_\_\_\_

### 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

<b>Event</b>	
<b>Date(s)</b>	
<b>Person/People Attending</b>	
<b>Number of Breakfasts @ \$ 14.00</b>	
<b>Number of Lunches @ \$16.00</b>	
<b>Number of Dinners @ \$25.00</b>	
<b>Total Amount Requested</b>	

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

Supervisor 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.