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 @ $0.76 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 EFFECTIVE 1/1/2025 THROUGH 12/31/2025