

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 **\$.72** (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 @ \$ 14.00	
Number of Lunches @ \$16.00	
Number of Dinners @ \$25.00	
Total Amount Requested	

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.

WISD
Mileage and Supply Reimbursement
Meal Request
Student

Team: _____

Campus/Department: _____

Day Trip Meals

Date	Game	Amount	#
	Regular	\$10.00	
	Post District	\$15.00	
	State & Regional	\$18.00	

Overnight ONLY 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	

****Meal Sign Out Sheet to be returned to Admin****

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.