Midland Independent School District

Professional Trip Reimbursement Form

Please reference all PO #'s used for this trip if applicable

_____

Travel Times
Depart Time:
Return Time:

Name:	Title:
Employee ID:	Destination:
Department:	Event:
Request Date:	Budget Code:

1st and last day meal per diem will be based on depart time and return time. Meal per diem is based on the federal GSA rate for that city.

For Office Use Only
Check #
Batch Date:

Trip began before 6:00 AM | Trip began before 11:00 AM | Trip ended after 6:00 PM

DATE	Depart/Return Time	Lodging	Conference Registration	Parking & Transport	Breakfast	Lunch	Dinner	MISC.	TOTAL
							Non Exempt Taxes- Texas City & County/ Out of State Only		
								GRAND Total Reimbursement	

Note: The current Annual Mileage Rate for 2026 is .76 per mile.

Total Miles for Reimbursement _____ X Annual Mileage Rate _____ = _____

Meals per Diem is not allowed with Federal funds.

Refer to the Professional Travel Reimbursement Checklist for required documentation.

Payee Signature **Date**

Director/ Principal **Date**