

**WAXAHACHIE INDEPENDENT SCHOOL DISTRICT  
EMPLOYEE TRAVEL & FEES REIMBURSEMENT  
September 1, 2023 - August 31, 2024**

Employee Name: \_\_\_\_\_ Campus/Dept: \_\_\_\_\_  
Employee Mailing Address (for summer reimbursements): \_\_\_\_\_

DESTINATION and PURPOSE of TRAVEL: (attach a copy of the registration confirmation) \_\_\_\_\_  
Registration cost and PO # \_\_\_\_\_

Is this trip: **Overnight?** Yes  No  N/A  DATE \_\_\_\_\_ TIME (AM/PM) \_\_\_\_\_  
Depart \_\_\_\_\_  
**Out of State?** Yes  No  N/A  Return \_\_\_\_\_  
Date of Board Approval: \_\_\_\_\_

**MILEAGE \*** (Personal Vehicle) Total Miles: \_\_\_\_\_ claimed @ **\$ 0.670** per mile \_\_\_\_\_  
PO # \_\_\_\_\_  
**\*All employees must submit an electronic map, Google or similar, calculating the shortest round-trip distance for the approved trip. If multiple employees are traveling to the same event, they must plan to travel together in as few vehicles as possible.**

**MEALS** (Reimbursed for overnight travel only)  
Travel Days \_\_\_\_\_ Breakfasts @ **\$13** = \_\_\_\_\_ Full Days @ **\$59** = \_\_\_\_\_  
Lunches @ **\$16** = \_\_\_\_\_  
Dinners @ **\$30** = \_\_\_\_\_  
Estimated Total for Meals: \_\_\_\_\_  
PO# \_\_\_\_\_

**LODGING** (Attach hotel confirmation that shows breakdown of nightly rates)  
Total Nights @ \_\_\_\_\_ nightly allowed rate PO# \_\_\_\_\_  
City Occupancy Tax Percentage \_\_\_\_\_ % ← Leave blank if not known.  
Name and Address of Hotel: \_\_\_\_\_  
Sharing Lodging with other(s):  
Name/Campus: \_\_\_\_\_  
Name/Campus: \_\_\_\_\_

\*Go to <https://www.gsa.gov/travel-resources> to locate maximum allowed rates for in & out-of-state lodging. **Itemized hotel receipt is required immediately upon return.** You must provide the hotel with the **Texas Hotel Occupancy Tax Exemption Certificate**. State taxes will **NOT** be reimbursed. Hotel charges **NOT** eligible for reimbursement are: gratuity, room service delivery charges, valet parking when self-parking is available, and phone charges. **\*\*Any cost above the GSA maximum allowable rate is the responsibility of the traveler.\*\***

**OTHER EXPENSES** (Parking, gas for rental car, transportation charges, public transit fares, etcetera)  
\*Itemized and legible receipts are required. Non-itemized or illegible receipts will **NOT** be reimbursed.  
PO# \_\_\_\_\_

I certify that the travel listed was made in connection with official business. The amounts are correct and previously unclaimed. I understand that no money of Waxahachie ISD may be paid out except upon receipt of itemized statements turned in by those to whom money is due. Receipts for hotel bills and public transportation must be included. Rates of reimbursement and rules are determined by and in compliance with The State of Texas Travel Allowance Guide.

**TOTAL EXPENSES CLAIMED** \_\_\_\_\_

Claimant Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

## Waxahachie ISD MEAL REIMBURSEMENT FORM

Meals are reimbursed for **OVERNIGHT** travel only.

This form is to be filled out **after** the trip and submitted with **itemized, legible** meal receipts immediately after return.

Employee Name: \_\_\_\_\_ Campus/Dept: \_\_\_\_\_

Employee Mailing Address (for summer reimbursements): \_\_\_\_\_

	Yes	No	N/A		DATE **	TIME (AM/PM)**	
Was this trip: <b>Overnight?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depart	_____	_____	**Exact dates and times must be entered
<b>Out of State?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Return	_____	_____	
Date of Board Approval: _____							

<p>Meals will be paid at a maximum of <b>\$59</b> per day based on actual receipts.</p> <p><b>Travel day</b> allotments <b>NOT</b> to exceed amounts below:</p> <table border="0" style="width: 100%;"> <tr> <td style="padding-left: 20px;"><b>Breakfast</b></td> <td style="padding-left: 20px;"><b>\$13.00</b></td> </tr> <tr> <td style="padding-left: 20px;"><b>Lunch</b></td> <td style="padding-left: 20px;"><b>\$16.00</b></td> </tr> <tr> <td style="padding-left: 20px;"><b>Dinner</b></td> <td style="padding-left: 20px;"><b>\$30.00</b></td> </tr> </table>	<b>Breakfast</b>	<b>\$13.00</b>	<b>Lunch</b>	<b>\$16.00</b>	<b>Dinner</b>	<b>\$30.00</b>	<p>**All receipts must be taped to an 8½ by 11 sheet of paper, in order by date and time, and this form completed and turned in with <b>itemized, legible</b> receipts immediately after return. Any receipts that are unreadable or turned in after <b>5</b> days will <b>NOT</b> be reimbursed.</p> <p style="color: red;">Do <b>NOT</b> highlight receipt, tape over receipt printing, and/or mark anything on receipt.</p> <p>Any receipts that include <b>alcohol</b> will <b>NOT</b> be reimbursed.</p>
<b>Breakfast</b>	<b>\$13.00</b>						
<b>Lunch</b>	<b>\$16.00</b>						
<b>Dinner</b>	<b>\$30.00</b>						

### Rules for Travel Day Meal Reimbursements

MEAL	DEPART	RETURN
<b>Breakfast</b>	<b>Before 7:00 AM</b>	<b>After 10:00 AM</b>
<b>Lunch</b>	<b>Before 11:00 AM</b>	<b>After 2:00 PM</b>
<b>Dinner</b>	<b>Before 5:00 PM</b>	<b>After 8:00 PM</b>

### ACTUAL EXPENSES ONLY (NO gratuity/tips or delivery charges ALLOWED)

	Date 1	Date 2	Date 3	Date 4	Date 5
Enter Date →					
Breakfast					
Lunch					
Dinner					
<b>Total</b>					

	Date 6	Date 7	Date 8	Date 9	Date 10
Enter Date →					
Breakfast					
Lunch					
Dinner					
<b>Total</b>					

GRAND TOTAL