## WAXAHACHIE INDEPENDENT SCHOOL DISTRICT EMPLOYEE TRAVEL & FEES REIMBURSEMENT

September 1, 2023 - August 31, 2024

Employee Name:	Campus/Dept:
Employee Mailing Address (for summer reimbursements):	
<b>DESTINATION</b> and <b>PURPOSE</b> of <b>TRAVEL</b> : (attach a copy of the registration confirmation	Registration cost and
Is this trip: Overnight? No N/A  Out of State? Date of Board Approval:	DATE TIME (AM/PM)  Depart  Return
MILEAGE * (Personal Vehicle) Total Miles: cla	aimed @ \$ 0.670 per mile
*All employees must submit an electronic map, Google or simil calculating the shortest round-trip distance for the approved tr If multiple employees are traveling to the same event, they must ravel together in as few vehicles as possible.	ip.
MEALS (Reimbursed for overnight travel only)	
Breakfasts @ \$13 =	Full Days @ \$59 =
Lunches @ \$16 = Dinners @ \$30 =	Estimated Total for Meals: PO#
LODGING (Attach hotel confirmation that shows breakdown of Total Nights @ nightly allowed rat	<u> </u>
	blank if not known.
Name and Address of Hotel:	
Sharing Lodging with other(s):	
Name/Campus:	
Name/Campus:	the state of the s
*Go to <a href="https://www.gsa.gov/travel-resources">https://www.gsa.gov/travel-resources</a> to locate maximum allowatel receipt is <a href="required">required</a> immediately upon return. You must Tax Exemption Certificate. State taxes will NOT be reimbursed. Hotel composervice delivery charges, valet parking when self-parking is availad maximum allowable rate is the responsibility of the traveler.**	provide the hotel with the Texas Hotel Occupancy harges NOT eligible for reimbursement are: gratuity,
OTHER EXPENSES (Parking, gas for rental car, transportation	n charges, public transit fares, etcetera)
*Itemized and Iegible receipts are required. Non-itemized or illegible re	·
	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	TOTAL EXPENSES CLAIMED
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	Claimant Signature Date
rules are determined by and in compliance with The State of Texas Travel Allowance Guide.	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 <u>itemized</u>, <u>legible</u> meal receipts immediately after return.

Employee Name:			Cam	pus/Dept:			
Employee Mailing Addres	ss (for summer reim	bursements):		'			
Was this trip: Overnight Out of Sta		<u>No</u> <u>N/A</u>	DATE ** Depart  Return		ME (AM/PM)**  **Exact dates and times must be entered		
Date of	і Боаго Арріочаі						
Meals will be paid at a per day based on actual Travel day allotments amounts below:  Breakfast	al receipts.	**All receipts must be time, and this form commediately after returned will <b>NOT</b> be reimburs  Do <b>NOT</b> highlight receipt.	ompleted and turned urn. Any receipts that ed.	in with <u>itemized, le</u> are unreadable or	egible receipts turned in after 5 days		
Lunch	<b>\$16.00</b>	1000pt.					
Dinner	\$30.00	Any receipts that in	clude <u>alcohol</u> will <u>l</u>	NOT be reimburse	ed.		
2	<del>+</del>	<b>I</b>					
	Rules fo	or Travel Day Me	al Reimburse	ments			
MEAL	· · · · · · · · · · · · · · · · · · ·		RETURN				
Breakfast		Before 7:00 AM		After 10:00 AM			
Lunch		Before 11:	Before 11:00 AM		After 2:00 PM		
Dinner	•	Before 5:00 PM		After 8:00 PM			
	•						
		ACTUAL EXPEI		WED)			
	Date 1	Date 2	Date 3	Date 4	Date 5		
Enter Date →							
Breakfast							
Lunch							
Dinner							
Total							
		•	•		•		
	Date 6	Date 7	Date 8	Date 9	Date 10		
Enter Date →							
Breakfast							
Lunch							
Dinner							
Total							
					•		
			GRAN	ND TOTAL			