

# REQUEST FOR REIMBURSEMENT

## WOODVILLE INDEPENDENT SCHOOL DISTRICT

Use this form **WHEN REQUESTING A CHECK** for travel expenses not requiring a purchase order.  
**BE SURE TO FILL IN ALL INFORMATION REQUESTED, INCOMPLETE FORMS WILL BE RETURNED!**

Date: \_\_\_\_\_

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

DATE OF TRIP \_\_\_\_\_ TO \_\_\_\_\_ DESTINATION/CITY: \_\_\_\_\_

PURPOSE OF TRIP \_\_\_\_\_  
*Include workshop/conference name & number if applicable*

### MILEAGE

↓ Total Miles \_\_\_\_\_ x **0.67** State Rate = \_\_\_\_\_

*Call for the pre-approved round-trip mileage to many Texas cities or include a Google Map from the school address (or your home address, whichever is closer) to your destination.*

### MEALS (Overnight Trips Only)

Number of faculty and students

How Many Days for Breakfast: _____	X	<b>\$5.00</b>	X	_____	=	_____
How Many Days for Lunch: _____	X	<b>\$6.00</b>	X	_____	=	_____
How Many Days for Dinner: _____	X	<b>\$9.00</b>	X	_____	=	_____

### LODGING (Exempt from State Tax)

Name & Address  
of Hotel: \_\_\_\_\_

*Be sure to include hotel confirmation or detailed billing with this request.*

[ Room Rate ] \_\_\_\_\_ X [ Number of Rooms ] \_\_\_\_\_ X [ How Many Nights ] \_\_\_\_\_ = \_\_\_\_\_

### OTHER (Explain...Parking, Workshop Fees, etc)

\_\_\_\_\_ = \_\_\_\_\_  
*Must provide receipts or registration documentation.*

TOTAL AMOUNT OF CHECK: \_\_\_\_\_

Account Code: \_\_\_\_\_

Please complete by checking one of the following:

Mail check to above address

Return to Requestor

\_\_\_\_\_  
Signature of Claimant / Requestor Date

**Claimant Statement: I certify that all monies received for meals (were/will be) spent for that purpose only.**

\_\_\_\_\_  
Approved (Principal / Director) Date

\_\_\_\_\_  
Central Office Approval Date

Return completed form to Business Office, WISD Central Office

Revised 01/18/2024