

TRAVEL REIMBURSEMENT FORM
Dilley Independent School District

Today's Date: _____

Employee Name: _____

Date(s) of Departure & Arrival: _____

Destination, Official Duties Performed & Requestor:

Please attach a Google Map of your destination and be advised you will be reimburse according to the mileage on the map.

Total Miles: _____ X 0.17 cents= _____ .65.5 cents= _____
(if you choose to use your own veh) (if no district veh is available)

Total Travel Amount Claimed \$ _____

Employee Signature

Date

Supervisor Signature

Date

Superintendent Signature

Date