

MILES INDEPENDENT SCHOOL DISTRICT  
**REIMBURSEMENT FORM**

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| As of 01/01/2022 |
|------------------|

NAME: \_\_\_\_\_

REASON FOR REIMBURSEMENT: \_\_\_\_\_

DATE(S) OF TRAVEL \_\_\_\_\_

TRANSPORTATION \_\_\_\_\_

(Enter number of miles traveled times MISD reimbursement rate of 58.5 cents (.585) per miles for personal vehicles. Enter actual cost for public conveyance and attach receipts.)

HOTEL(attach receipts): \_\_\_\_\_ \$ \_\_\_\_\_

MEALS for Bkfast \$8.00 Lunch \$12.00 Dinner \$16.00 \$ \_\_\_\_\_

Maximum allowable reimbursement of \$36.00 per day, per person, for **overnight** meals. Attach receipts.

SPECIFY OTHER ITEMS, IF ANY:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

BUDGET ACCOUNT \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Fund      Func.      Object      Sub Obj      Org.      FY      Pgm

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Fund      Func.      Object      Sub Obj      Org.      FY      Pgm

\_\_\_\_\_  
Person Making Request

RECOMMENDED:

APPROVED:

\_\_\_\_\_  
If recommended, Principal implies sufficient monies in budget.

\_\_\_\_\_  
Superintendent

**No monies of the Miles Independent School District may be paid out except upon itemized receipts turned in by those whom money is due. Receipts for hotel bills and public transportation must be included.**