MILES INDEPENDENT SCHOOL DISTRICT

REIMBURSEMENT FORM

NAME:_____

REASON FOR REIMBURSEMENT:_____

DATE(S) OF TRAVEL _____

TRANSPORTATION_____ _____

(Enter number of miles traveled times MISD reimbursement rate of 56 cents (.56) 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 **overnigh**t 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.