

**SANTA ANNA ISD  
TRAVEL REIMBURSEMENT REQUEST**

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Name \_\_\_\_\_ Date \_\_\_\_\_

Destination \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Total Mileage \_\_\_\_\_ at **44.5 ¢** per mile Amount \$ \_\_\_\_\_

Mileage reimbursement for use of personal vehicle is 44.5¢ per mile (or current UIL mileage rate). **Use of school owned vehicle should be requested. If a school vehicle is available and you choose to use your personal vehicle, mileage reimbursement **WILL NOT** be provided.**

See mileage chart at:

<http://www.window.state.tx.us/comptrol/texastra.html>

**Meal Expense**

\*Attach Receipts

Without receipt  
\$5.00 per meal

Date	Breakfast	Lunch	Dinner

**Lodging Expense**

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

Attach Receipts

(\$80.00 per day maximum)

Please Check One

School Credit Card \_\_\_\_\_ Personal Expense \_\_\_\_\_

**TOTAL TO BE REIMBURSED** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_

Superintendent Signature \_\_\_\_\_