

**SANTA ANNA ISD
TRAVEL REIMBURSEMENT REQUEST**

Name _____ Date _____

Destination _____

Purpose of Trip _____

Departure Date _____ Return Date _____

Departure Time _____ Return Time _____

Total Mileage _____ at **54.5 ¢** per mile Amount \$ _____

Mileage reimbursement for use of personal vehicle is 54.5¢ 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 _____