

Maypearl Independent School District Travel/Supplies Reimbursement Form

Name _____ Date _____

Purpose of Travel _____

Date(s) of Travel _____

Mileage:
Total miles traveled _____ X .38 per mile = \$ _____

(Maximum allotment for Employee meals)
Breakfast - \$5.00 Lunch - \$8.00 Dinner - \$12.00 Meals \$ _____

(Maximum allotment for Student meals)
Breakfast - \$3.00 Lunch - \$5.00 Dinner - \$7.00 **Receipts required for all reimbursements.**

Lodging = Number of nights _____ x Room Charge \$ _____ = \$ _____

Other cost: \$ _____

Parking or special cost that was approved for district employee when request for travel was granted. Be specific in your description and **attach receipts**.

Total Reimbursement \$ _____

Note: When two or more employees are traveling to the same site, mileage will be paid based upon 4 employees per automobile.

Reimbursement Request for Supplies

Name _____ Date _____

Grade _____ Campus _____

List types of supplies, cost, and **attach receipts**. **Receipts are required for all reimbursements.**

	\$ _____
	\$ _____
	\$ _____
	\$ _____
Total Claim	\$ _____

The appropriate tax-exempt form must be obtained from the business office.

Signature of Employee _____

Signature of Principal _____

Signature of Superintendent _____