

**WAXAHACHIE INDEPENDENT SCHOOL DISTRICT
ATHLETICS TRAVEL & FEES REIMBURSEMENT**

effective 08.01.2025

EMPLOYEE NAME: _____ SPORT: _____

Employee Mailing Address (for summer travel): _____

TYPE OF TRAVEL	Varsity	Junior Varsity	Freshman	DESTINATION AND PURPOSE OF TRAVEL:
Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Coach Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Is this trip:	Overnight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DATE	TIME
	Out of State?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depart	_____
					Return	_____
Date of Board Approval: _____						

REGISTRATION COST (Include a copy of conference or event registration.) PO # \$

Make check payable to: _____
Address: _____

MEALS (Reimbursements will be paid up to the daily maximum amount allowed.)

# of Persons →	Normal Day @	\$6	=	_____	PO # <input type="text"/>	\$ <input type="text"/>
	Playoff Day @	\$10	=	_____		
← # of Days	Overnight @	\$20	=	_____		

****No GRATUITY allowed****

Itemized, legible receipts with restaurant name, location, date and time are **REQUIRED** for coaches travel only.

MILEAGE * (Personal Vehicle) Total Miles: _____ claimed @ \$ 0.700 per mile \$

*All employees must submit an electronic map, Google or similar, calculating the shortest round-trip distance for the approved trip. If multiple employees are traveling to the same event, they must plan to travel together in as few vehicles as possible.

PO #

LODGING (Attach hotel confirmation that shows breakdown of nightly rates)

# of Rooms	Total nights @	\$	Allowed Rate	PO#	\$ <input type="text"/>
City Occupancy Tax Percentage _____ % ← Leave blank if not known.					
Name and Address of Hotel: _____					
Coaches sharing rooms: _____					

*Go to <https://www.gsa.gov/travel-resources> to locate maximum allowed rates for in & out-of-state lodging. **Itemized hotel receipt is required immediately upon return.** You must provide the hotel with the **Texas Hotel Occupancy Tax Exemption Certificate**. State taxes will **NOT** be reimbursed. Hotel charges **NOT** allowed are: gratuity, room service delivery charges, valet parking when self-parking is available, and phone charges. ****Any cost above the GSA maximum allowable rate is the responsibility of the traveler.****

[CLICK HERE](#)

OTHER EXPENSES (Parking, gas for rental car, transportation charges, public transit fares, etcetera)

***Itemized and legible** receipts are required.

_____	\$	PO# <input type="text"/>	\$ <input type="text"/>
_____	\$		
_____	\$		

TOTAL

\$

I certify that the travel listed was made in connection with official business. The amounts are correct and previously unclaimed.
I understand that no money of Waxahachie ISD may be paid out except upon receipt of itemized statements turned in by those to whom money is due. Receipts for hotel bills and public transportation must be included.
Rates of reimbursement and rules are determined by and in compliance with The State of Texas Travel Allowance Guide.

Claimant Signature _____ Date _____

Supervisor Signature _____ Date _____