

WAXAHACHIE INDEPENDENT SCHOOL DISTRICT
EMPLOYEE TRAVEL & FEES REIMBURSEMENT
effective 08.01.2025

Employee Name: _____ Campus/Dept: _____
Employee Mailing Address (for summer reimbursements): _____

DESTINATION and PURPOSE of TRAVEL: _____ (attach a copy of the registration confirmation)

Registration cost and PO # _____

	Yes	No	N/A	DATE	TIME (AM/PM)
Is this trip: Overnight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depart _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Out of State?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Return _____	<input type="checkbox"/> AM <input type="checkbox"/> PM

Date of Board Approval: _____

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

PO # _____

*** 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.**

MEALS (Reimbursed for overnight travel only) <https://www.gsa.gov/travel?gsaredirect=travel-resources>

Travel Days	Breakfasts @	\$	=	\$	Full Days @	\$	=	\$
_____	Lunches @	\$	=	\$	Estimated Total for Meals: \$ _____			
_____	Dinners @	\$	=	\$	PO# _____			

****Travel day allotments are limited to 75% of the M&IE rates per the GSA website.****
Must attach printed M&IE rate breakdown table from the website. Incidental expenses are not allowed.

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

Total Nights @ \$ _____ nightly allowed rate PO# _____

City Occupancy Tax Percentage _____ % ← Leave blank if not known.

Name and Address of Hotel: _____

Sharing Lodging with other(s): _____

Name/Campus or District: _____

Name/Campus or District: _____

*Go to <https://www.gsa.gov/travel-resources> to locate maximum allowed rates for in & out-of-state lodging and meals. [CLICK HERE](#)

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** eligible for reimbursement are: gratuity, service delivery charges/fees, valet parking when self-parking is available, and phone charges. ****Any cost above the GSA maximum allowable rate is the responsibility of the traveler.****

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

***Itemized and legible** receipts are required. Non-itemized or illegible receipts will **NOT** be reimbursed.

_____	\$	PO# _____	\$ _____
_____	\$		
_____	\$		

TOTAL EXPENSES CLAIMED

\$ _____

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 _____

Waxahachie ISD
MEAL REIMBURSEMENT FORM

Meals are reimbursed for **OVERNIGHT** travel only.

This form is to be filled out **after** the trip and submitted with **itemized, legible** meal receipts immediately after return.

Employee Name: _____ Campus/Dept: _____

Employee Mailing Address (for summer reimbursements): _____

Was this trip: **Overnight?** ☐ **Yes** ☐ **No** ☐ **N/A** **DATE**** **TIME (AM/PM)****
Depart _____ ☐ AM ☐ PM
Out of State? ☐ **Yes** ☐ **No** ☐ **N/A** **Return** _____ ☐ AM ☐ PM
Date of Board Approval: _____

Travel Day allotments are limited to 75% of the M&IE rates per the GSA website link below:

<https://www.gsa.gov/travel?gsaredirect=travel-resources>

Breakfast _____
Lunch _____
Dinner _____

1) All receipts must be taped to an 8½ by 11 sheet of paper, in order by date and time, and this form completed and turned in with **itemized, legible** receipts immediately after return. Any receipts that are unreadable or turned in after 5 days will **NOT** be reimbursed.

2) Do NOT highlight receipt, tape over receipt printing, and/or mark anything on receipt.

3) Any receipts that include **alcohol** will **NOT** be reimbursed.

4) Must attach printed M&IE rate breakdown table from the website. Incidental expenses are not allowed.

Rules for Travel Day Meal Reimbursements

MEAL	DEPART	RETURN
Breakfast	Before 7:00 AM	After 10:00 AM
Lunch	Before 11:00 AM	After 2:00 PM
Dinner	Before 5:00 PM	After 8:00 PM

ACTUAL EXPENSES ONLY

(NO gratuity/tips and service delivery charges/fees ALLOWED)

	Date 1	Date 2	Date 3	Date 4	Date 5
Enter Date →					
Breakfast					
Lunch					
Dinner					
Total					

	Date 6	Date 7	Date 8	Date 9	Date 10
Enter Date →					
Breakfast					
Lunch					
Dinner					
Total					

GRAND TOTAL