

**WAXAHACHIE INDEPENDENT SCHOOL DISTRICT
EMPLOYEE TRAVEL & FEES REIMBURSEMENT
September 1, 2024 - August 31, 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	_____	_____
	Out of State?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Return	_____	_____
	Date of Board Approval:	_____					

MILEAGE * (Personal Vehicle) Total Miles: _____ claimed @ **\$ 0.670** 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)

Travel Days	_____ Breakfasts @	\$13	=	_____	Full Days @	\$59	=	_____	
	_____ Lunches @	\$16	=	_____		<i>Estimated Total for Meals:</i> _____			
	_____ Dinners @	\$30	=	_____		PO#	_____	_____	

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: _____
Name/Campus: _____

*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** eligible for reimbursement 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.****

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# _____

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.

TOTAL EXPENSES CLAIMED _____

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): _____

	Yes	No	N/A		DATE**	TIME (AM/PM)**		
Was this trip: Overnight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depart			**Exact dates and times must be entered	
Out of State?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Return				
Date of Board Approval: _____								

<p>Meals will be paid at a maximum of \$59 per day based on actual receipts.</p> <p>Travel day allotments NOT to exceed amounts below:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Breakfast</td> <td style="padding: 2px; text-align: right;">\$13.00</td> </tr> <tr> <td style="padding: 2px;">Lunch</td> <td style="padding: 2px; text-align: right;">\$16.00</td> </tr> <tr> <td style="padding: 2px;">Dinner</td> <td style="padding: 2px; text-align: right;">\$30.00</td> </tr> </table>	Breakfast	\$13.00	Lunch	\$16.00	Dinner	\$30.00	<p>**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.</p> <p style="color: red;">Do NOT highlight receipt, tape over receipt printing, and/or mark anything on receipt.</p> <p>Any receipts that include alcohol will NOT be reimbursed.</p>
Breakfast	\$13.00						
Lunch	\$16.00						
Dinner	\$30.00						

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 or delivery charges 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