

MILES INDEPENDENT SCHOOL DISTRICT
REIMBURSEMENT FORM

NAME: _____ VENDOR# _____

OCCASION: _____
Check Payee (Co, etc.) If Different

PLACE: _____
Street or Box Number

DATE: _____
City State Zip

TRANSPORTATION _____
(Enter number of miles traveled times MISD reimbursement rate of 54.5 cents per miles for personal vehicles. Enter actual cost for public conveyance and attach receipts.)

HOTEL: _____ \$ _____

MEALS: _____ \$ _____
Maximum allowable reimbursement of \$46.00 per day, per person, for overnight meals. Attach receipts.

SPECIFY OTHER ITEMS, IF ANY:

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL \$ _____

BUDGET ACCOUNT _____ - _____ - _____ - _____ - _____ - _____ - _____
Fund Func. Object Sub Obj Org. FY Pgm

Person Making Request

RECOMMENDED:

APPROVED:

If recommended, Principal implies sufficient monies in budget.

Superintendent

No monies of the Miles Independent School District may be paid out except upon itemized receipts turned in by those whom money is due. Receipts for hotel bills and public transportation must be included.