New Braunfels Independent School District
In-District Travel Reimbursement Request

_____
Person Requesting Reimbursement

_____
Approval of Supervisor

_____
Social Security Number

_____
Approval of Budget Aministrator

_____
Budget Number - Account

_____/_____
Payment entered by/ date

Reimbursement amount: Total mileage: _____ miles @ $.55 per mile = $_____

Signature of Employee_____Date:_____

Please accumulate at least 300 miles of travel before submitting a reimbursement request. Requests for reimbursement should be made no more than once per month, but at least once per year. (District fiscal year end is June 30)
Forward to Business Office after approval.

DATE	ROUTE TRAVELED FROM/TO and BUSINESS PURPOSE	MILES
	TOTAL MILES	

DATE	ROUTE TRAVELED FROM/TO and BUSINESS PURPOSE	MILES

TOTAL MILES ____________