

NEW CANEY INDEPENDENT SCHOOL DISTRICT

**REQUEST FOR REIMBURSEMENT
For Instructional Classes Only
From Campus To Campus**

FROM: AUGUST – JUNE

EMPLOYEE: _____

CHARGE TO FUND CODE: _____

You will only be paid mileage for one way per trip.

FROM CAMPUS	TO CAMPUS	MILES PER DAY	# OF ACTUAL DAYS ON DUTY	TOTAL MILES TRAVELED

A copy of employee work calendar MUST be attached

VENDOR# _____

Total Miles: _____

Total Reimbursement at .585/Miles: _____

I certify that the above is a true and accurate statement of professional travel conducted on behalf of New Caney ISD as a part of my official duties and that I am entitled to reimbursement.

SUBMITTED BY: _____
(Signature and Date)

APPROVAL: _____