

**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:** \_\_\_\_\_