

**NEW CANEY INDEPENDENT SCHOOL DISTRICT  
REQUEST FOR REIMBURSEMENT FOR CAMPUS IN-DISTRICT TRAVEL**

(Out-of-district travel must be documented on a Travel Request.)

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

**FROM CAMPUS:** \_\_\_\_\_

**TO CAMPUS:** \_\_\_\_\_

**CHARGE TO FUND CODE:** \_\_\_\_\_

DATE	DAY OF WEEK	DESTINATION	PURPOSE	MILES TRAVELED

**VENDOR #** \_\_\_\_\_

**TOTAL MILES:** \_\_\_\_\_

**TOTAL AMOUNT REQUESTED TO BE REIMBURSED:** \$ \_\_\_\_\_

(Total .655 cents \* 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

DATE

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

(Supervisor's Signature / Date)

(Superintendent or Designee's Signature / Date)