

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 .67 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)