SEGUIN INDEPENDENT SCHOOL DISTRICT
In-District Travel Reimbursement Request

Reimbursement for in-district travel will be processed at net-30

I certify that the below expenses are true and correct and incurred by me in order to perform my official duties in accordance with the travel reimbursement regulations established by Seguin ISD.

- *Complete each field below*
- *The purpose line should justify the travel request*
- *Only one destination per line (i.e., Central Office to Koennecke)*
- *Destinations not on the In-District Travel Mileage Chart require a Google Map printout*
- *Only destinations within Seguin ISD/Seguin should be on this form. Destinations outside Seguin ISD/Seguin should utilize the Out of District Travel Form.*
- *Requests are due to Business Services by the 5th of each month.*

_____ _____
Employee Requesting Reimbursement Vendor Number

_____ _____
Signature of Employee (Date) Approval of Supervisor (Date)

_____ _____
Budget Account Code Purchase Order #

Reimbursement amount: Total mileage: _____miles @ $0.725 per mile = $_____

Business Purpose of Travel_____

DATE	ROUTE TRAVELED FROM / TO	MILES

Page _____ of _____

In-District Travel Reimbursement Request Continuation

DATE	ROUTE TRAVELED FROM / TO	MILES

Page _____ of _____