

**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 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 should be submitted no more than once per month, but no less than six times per year*

Employee Requesting Reimbursement

Employee's Munis Vendor Number

Signature of Employee (Date)

Approval of Supervisor (Date)

Budget Account Code

Approval of Budget Specialist (Date)

Reimbursement amount: Total mileage: _____ miles @ \$0.60 per mile = \$ _____

Business Purpose of Travel _____

DATE	ROUTE TRAVELED FROM / TO	MILES

Page ____ of ____

Entries verified by _____

In-District Travel Reimbursement Request Continuation

[illegible]

Page _____ of _____

Entries verified by_____