

**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.*

\_\_\_\_\_  
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 @ \$0.54 per mile = \$ \_\_\_\_\_

Business Purpose of Travel \_\_\_\_\_

DATE	ROUTE TRAVELED FROM / TO	MILES

Page \_\_\_\_ of \_\_\_\_

Entries verified by \_\_\_\_\_

**In-District Travel Reimbursement Request Continuation**

DATE	ROUTE TRAVELED FROM / TO	MILES

Page \_\_\_\_\_ of \_\_\_\_\_

Entries verified by \_\_\_\_\_