

**ANGLETON INDEPENDENT SCHOOL DISTRICT
REQUEST FOR REIMBURSEMENT FOR
CAMPUS IN-DISTRICT TRAVEL**

This form is to be used in conjunction with the mileage calculation form you received from your supervisor. Attach the mileage calculation form to this recap before turning in to the Business Office for payment.

EMPLOYEE NAME:	
DEPARTMENT:	
HOME CAMPUS:	
BUDGET CODE:	

TOTAL MILES traveled from attached mileage calculation form	
multiplied by State approved mileage rate (as of 1/1/2024)	x \$0.67
TOTAL TO BE REIMBURSED (total miles x mileage rate)	

I certify that the attached mileage calculation form and the totals above are true and correct statements of professional travel conducted on behalf of Angleton ISD as a part of my official duties and that I am entitled to reimbursement.

<i>Employee signature</i>	<i>Date</i>

<i>Employee printed name</i>

<i>Supervisor signature</i>	<i>Date</i>

<i>Supervisor printed name</i>