HISD Employee Reimbursement Form

Employee Name: ______ Date: _____ Campus/Dept: ______

Mileage

Date	Destination / Purpose	Odometer Start	Odometer End	Total Miles

Odometer readings or internet mapping printouts (Google maps, MapQuest) are required for mileage reimbursements.

Total Miles:	Mileage Reimbursement Rate: \$. <u>575/mile</u> (effective 01/01/2015-12/31/2015)
Mileage Reimbursem	nt Amount: \$

Miscellaneous Expenses (Meals, Parking etc..)

Description	Amount
Total Expenses:	
Less Advance:	
Reimbursement Request:	\$
	Total Expenses: Less Advance:

Itemized Receipts will be required for any reimbursement (including meals.) Tax and gratuity will not be reimbursed.

Employee Signature:

A requisition must be processed and have an APPROVED PO for reimbursement. All approvals will be obtained electronically. Please attach this form, your signed Request to Attend form and all ITEMIZED receipts to the approved Purchase Order, and send to Accounts Payable in the HISD Business Office for payment processing.