

San Benito Consolidated Independent School District

**REQUEST FOR
MEAL(S) & MILEAGE REIMBURSEMENT**

PURCHASE ORDER # _____

Name: _____ **VENDOR #** _____

Date of Trip: _____

Nature of Trip: _____

MEAL(S) REIMBURSEMENT- SUPPORTED BY ACTUAL RECEIPTS:

(Maximum meal rates: Breakfast-\$6/Lunch-\$9/Dinner-\$10)

<u>Date</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<u>Total Meal Reimbursement</u>				\$ _____

MILEAGE REIMBURSEMENT:

_____ miles x _____ = \$ _____
(MapQuest mileage) (state mileage rate)

I, _____,
Signature of Employee

as an employee of San Benito C.I.S.D. at _____
Campus/Department

verify that I spent the above listed funds for meals & mileage while on school business.

Total Travel
Reimbursement:\$ _____

***A SIGNED COPY OF THE REQUEST FOR ABSENCE AND YOUR ITINERARY
MUST BE ATTACHED***