

Check Request/Reimbursement - Travel & Supplies 2026-2027



(Check the appropriate box below to indicate the type of expense for which you are seeking reimbursement/payment.)

☐ Check Request For Upcoming Travel

☐ Employee Reimbursement

Receipts/Invoices required for all reimbursements & travel expenses.

- For mileage attach a copy of map from campus to/from destination
- No sales tax paid will be reimbursed

Employee Name: _____ Campus: _____ Today's Date: _____

Reason for Purchase: _____

FUND	FUNCTION	OBJECT	SUB-OBJECT	ORGANIZATION	FY	PROGRAM	AMOUNT

DATE	DESCRIPTION OF PURCHASE / EXPENSE	AMOUNT OF COST
	TOTAL \$	

FOR TRAVEL EXPENSES – You must complete information below:

Reason for Travel: _____

Destination City & State: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

This is a true and accurate record of the expenses that I incurred in the execution of my duties for Tioga ISD.

Employee Signature: _____ Date: _____
Original Signature Required

Administrator Signature: _____ Date: _____
Original Signature Required

Mileage Rate as of January 1, 2026	Meal Reimbursement Check each meal for which you are seeking reimbursement	Employee Meal Per Diem Allowance Applies to <u>approved</u> overnight travel only
\$0.72.5/per mile	() Breakfast () Lunch () Dinner	(\$63.00 per day maximum) \$16.00 Breakfast \$19.00 Lunch \$28.00 Dinner

Revision date: 08/13/2025