

**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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b><u>Total Meal Reimbursement</u></b>				<b>\$ _____</b>

**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***