



# TRAVEL REIMBURSEMENT FORM

Rev. 7/25/22

**IMPORTANT:** This form must be approved **AFTER** attending the event and submitted with itemized receipts attached before being turned into the Human Resources and Operations office. **Incomplete forms will be sent back.**

**1** EMPLOYEE \_\_\_\_\_ VENDOR # \_\_\_\_\_ SCHOOL/DEPT \_\_\_\_\_

NAME OF EVENT \_\_\_\_\_ DATE(S) OF EVENT \_\_\_\_\_

DATE LEAVING: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ TIME LEAVING: \_\_\_\_\_  AM  PM DATE RETURNING: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ TIME RETURNING: \_\_\_\_\_  AM  PM

LOCATION: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ NOTES: \_\_\_\_\_

(EVENT CENTER/SCHOOL/HOTEL ETC.) \_\_\_\_\_

**2 REIMBURSEMENT SECTION TO BE COMPLETED AFTER TRAVEL IS COMPLETE: \*ITEMIZED RECEIPTS ARE REQUIRED**

ACTUAL COSTS: Enter eligible reimbursement requests by day for each expense category.

DAY OF WK: DATE:	ACTUAL COSTS							ACCOUNTING USE ONLY	
	MONDAY __-__-__	TUESDAY __-__-__	WEDNESDAY __-__-__	THURSDAY __-__-__	FRIDAY __-__-__	SATURDAY __-__-__	SUNDAY __-__-__	TOTAL	DATE PD
BREAKFAST									
LUNCH									
DINNER									
MEALS TOTAL (\$45 DAILY MAX)									
PARKING/TAXI									
FUEL (RENTAL CAR ONLY)									
MILES (PERSONAL CAR ONLY)									
OTHER									
SUBSTITUTE									

REIMBURSEMENT APPROVAL SIGNATURES: \*Should NOT be signed until after employee completes section 2 table

\_\_\_\_\_  
EMPLOYEE DATE PRINCIPAL/SUPERVISOR/ADMINISTRATOR DATE

**3 BUILDING ADMIN ASSISTANT/ADMINISTRATOR USE ONLY:**

TRAVEL FUNDED BY (CHECK ONE):  BUILDING STAFF DEVELOPMENT (PLEASE ENTER YOUR TRAVEL CODES BELOW & THEN ROUTE TO OFFICE OF HR/OPERATIONS)

SPECIAL EDUCATION (ROUTE TO LSS OFFICE)  TITLE (ROUTE TO OFFICE OF LEARNING & ACCOUNTABILITY)

DISTRICT (ROUTE TO OFFICE OF HUMAN RESOURCES/OPERATIONS)  OTHER: \_\_\_\_\_ (ROUTE TO OFFICE OF HUMAN RESOURCES/OPERATIONS)

ENTERED SPEC ACCT CODE BELOW (EX. PERKINS, MDE, LCSC)

SUBSTITUTE CODE: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ EXPENSE CODE: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**PROCEDURES • TRAVEL REIMBURSEMENT FORM**

**GENERAL INFO:** Approved Travel Reimbursement Forms must be received in the Human Resources and Operations office by **noon on Tuesdays**. Travel checks are processed on Wednesdays. **INCOMPLETE FORMS AND REQUESTS MADE ON OLD FORMS WILL BE SENT BACK.**



**1** Please complete **all information** including your vendor number. This number is used to identify you in our accounting system so we are able to print your reimbursement check. If you do not know your vendor number please contact the Executive Assistant to the Executive Director of Human Resources and Operations (phone ext. 3372). It is important to know the times you are leaving so we can reimburse you for the appropriate amount of meals.

**2** Please do not leave any of the boxes empty – enter a zero where appropriate.

**Meals**

\$45 is the maximum allotted per day. We do not reimburse for any meal that is included in your registration fees or for an event or breakfast if it is available free of charge at your hotel. Itemized receipts are required for reimbursement.

**Personal Vehicle Rates:**

- **Principals, supervisors and teachers:** Per contract receive the current IRS standard mileage rate.
- **All other employees:** Per School Board Policy 411, if there is a rental car available and you choose not to take it, you receive half of the current IRS standard mileage rate. If a rental car is not available, you will receive the full current IRS standard mileage rate.

All items listed on the section 2 table (excluding personal vehicle mileage) **must have the original (no copies) itemized receipt** attached for the employee to receive reimbursement for them.

**3** Section 3 must be completed by the building administrative assistant or principal and routed to the appropriate person at the District Office. If travel is being funded by the building, the expense and substitute codes **MUST** be complete before sending the form to the Human Resources and Operations office.

**4** If you are in a vehicle accident or injured while traveling for approved work-related events, please contact the SFM Work Injury Hotline at 1-855-675-3501. Additionally, vehicle accidents should be reported to local law enforcement and to the Human Resources and Operations office at 218-284-3350.

**More information on travel reimbursements can be found in School Board Policy 411.**

**Further questions?**

Please call the office of the Executive Director of Human Resources and Operations at 218-284-3372.