

## TRAVEL REIMBURSEMENT FORM

Rev. 7/30/2024

**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.** 

EMPLOYEE				VEND	OR #	SCHOO	L/DEPT			
NAME OF EVENT_					DATE(S) OF EVENT					
DATE LEAVING: TIME LEAVING:				DATE RETURNING:T				IME RETURNING:		
LOCATION:	CITY		STATE	N	IOTES:					
	ER/SCHOOL/HOTEL ETC.)									
(EVENT CENT	ER/SCHOOL/HOTEL ETC.)									
REIMBURSEM	IENT SECTION	ON TO BE CO	OMPLETED <b>A</b>	FTER TRAV	EL IS COMP	LETE: *ITE	MIZED RECEIP	TS ARE REQUIR	ED	
REIMBURSEMENT SECTION TO BE COMPLETED AFTER TRAVEL IS COMPLETE: *ITEMIZED RECACTUAL COSTS: Enter eligible reimbursement requests by day for each expense category.								ACCOUNTING USE ONLY		
DAY OF WK: DATE:	MONDAY 	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY 	SUNDAY — - —	TOTAL	DATE PI	
BREAKFAST										
LUNCH									1	
DINNER										
MEALS TOTAL (\$45 DAILY MAX)										
PARKING/TAXI										
FUEL (RENTAL CAR ONLY)										
MILES (PERSONAL CAR ONLY)										
OTHER										
SUBSTITUTE					ļ					
REIMBURSEMENT A	PPROVAL SIGN	ATURES: *Shoul	d NOT be signed un	til after employee	completes section	on 2 table				
EMPLOYEE			DATE		PRIN	CIPAL/SUPERVISOR/A	DMINISTRATOR		DATE	
DUIL DING ADM	N. A COLOTA NIT	/A DAAINUSTD AT	COR LIST ONLY							
BUILDING ADMI				ODMENT (DI EASI	ENTED VOLID TO	VEL CODES PELOW S	THEN POLITE TO	OFFICE OF HR/OPERAT	FIONS)	
TRAVELTONDED	OF (CHECK OF	,		·		UTE TO OFFICE OF LE			10113)	
☐ ENTERED SPEC A	CCT CODE BELOV	□ DISTRIC	☐ <b>DISTRICT</b> (ROUTE TO OFFICE OF HUMAN RESOURCES/OPERATIONS)			OTHER:			(ROUTE TO OFFICE OF HUMAN RESOURCES/OPERATIONS)	
EXPENSE CODE:										

## **PROCEDURES • TRAVEL REIMBURSEMENT FORM**

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



- 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. 3360).
- 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.

- 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.
- 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 218-284-3360.

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