

SCESD REQUEST FOR TRAVEL/REIMBURSEMENT

PLEASE REFER TO THE INSTRUCTIONS ON BACK

Request for reimbursements are due to department secretary within 5 days of travel along with all receipts

Date: _____

Name: _____ Address: _____ SUB NEEDED: YES NO

Workshop/Conference Meeting: _____ Department: _____ Other Employees Attending: YES NO

Date(s) of workshop: _____ Location: _____

Purpose: _____

ESTIMATED EXPENSES PREAUTHORIZATION REQUIRED				EMPLOYEE REIMBURSEMENT SECTION please list ONLY actual expenses to be reimbursed to the employee																																																					
Departure Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm				Departure Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm																																																					
Return Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm				Return Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm																																																					
Lodging _____ \$				Lodging (receipts required) _____ \$																																																					
Transportation <input type="checkbox"/> Personal Car _____ Miles				Transportation: <input type="checkbox"/> Personal car _____ Miles x rate _____ \$																																																					
<input type="checkbox"/> Rental Car _____ Gas \$				<input type="checkbox"/> Rental Car (if paid by employee receipts required) _____ Gas \$																																																					
Registration _____ \$				Registration (if pd by employee receipts required) _____ \$																																																					
Other _____ \$				Other (receipts required) _____ \$																																																					
Estimated Meals (use chart below) _____ Meals Total \$				Explain: _____ \$																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Date</th> <th style="width: 12.5%;">B \$8</th> <th style="width: 12.5%;">L \$10</th> <th style="width: 12.5%;">D \$18</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	B \$8	L \$10	D \$18																	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Date</th> <th style="width: 12.5%;">B \$8</th> <th style="width: 12.5%;">L \$10</th> <th style="width: 12.5%;">D \$18</th> <th style="width: 12.5%;">T \$36</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Date	B \$8	L \$10	D \$18	T \$36																								
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*Please fill out the meal allowance at left if you will be claiming meals				*Please fill out the meal allowance at left for meal expenses incurred by you.																																																					
Total Estimated Expenses: \$				Total Reimbursement to employee: \$																																																					
APPROVAL OF REQUEST TO TRAVEL				APPROVAL FOR PERSONAL REIMBURSEMENT																																																					
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FUND</th> <th style="width: 10%;">FUNC</th> <th style="width: 10%;">OBJ</th> <th style="width: 10%;">LOC</th> <th style="width: 10%;">AREA</th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					FUND	FUNC	OBJ	LOC	AREA																																												
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Program Administrator's Signature _____ Date _____				Total \$ _____																																																					
Superintendent (Approval for Out-of-State Travel) _____ Date _____				Total \$ _____																																																					
DEPT NOTES: _____ _____ _____				Total \$ _____																																																					
				Employee Signature _____ Date _____																																																					
				Program Administrator's Signature _____ Date _____																																																					

TRAVEL REIMBURSEMENT INSTRUCTIONS

PROCEDURE:

1. Employees will submit the SCESD Request for Travel/Reimbursement form, with the left hand side fully completed, to their Department Administrator for pre-authorization before registering or attending a workshop.
2. Once approval has been granted the department secretary can make the appropriate arrangements for the employee to successfully travel.
3. Once the employee has attended the workshop/conference/meeting they will complete the right side of the form, attaching any necessary receipts.
4. The form then goes back to the Department Secretary who will code it with the appropriate budget numbers and forward it to the Department Administrator for signature to pay.
5. It then goes to Accounts Payable in the Fiscal Department where it will be processed on the next regular check run.

MEALS: The ESD will pay per diem to \$36.00 (\$8.00 breakfast, \$10.00 lunch, \$18.00 dinner) with the following restrictions. **Breakfast will be paid only when** preceded by approved overnight lodging. **Dinner will be paid only** if followed by approved overnight lodging if the return time to ESD, is after 6:00.

- When meals are included with the event registration or Hotel accommodations, they cannot be reimbursed and should be deducted from the per diem total.
- When completing the Meal section, place a check in the box for meal(s) that you qualify for according to the above guidelines and indicate the date. If a meal was included in the event registration, and therefore paid for by the registration fee, write "included" in the box. Receipts are not needed for meals.

TRANSPORTATION: Employee will be reimbursed for mileage on the employee's personal automobile from the SCESD office to destination and back, at the ESD approved rate. When two or more employees are traveling to the same destination, car pooling is required unless there are legitimate reasons approved by the Director as to why it is impossible or impractical. Travel by rental car will be paid by purchase order processed by the Department Secretary.

OTHER EXPENSES: This includes parking fees, instructional materials, etc. Receipts are required, and should be attached to the form.