



Travel Expense Reimbursement INSTRUCTIONS

Union Public Schools is introducing an updated Travel Expense Reimbursement form, to be used for any overnight business-related travel.

The following instructions walk you through each section and explain what supporting documentation is required.

The Top Section identifies “Who-What-When-Where”:



Travel Expense Reimbursement

FOR OVERNIGHT TRAVEL

EMPLOYEE AND EVENT INFORMATION

Employee Name:	<input type="text" value="Employee Name"/>	Site:	<input type="text" value="Site"/>
Conference / Event / Reason for Travel:	<input type="text" value="Conference Event Reason for Travel"/>		
Event Location:	<input type="text" value="Event Location"/>		
Employee PO #:	<input type="text" value="PO Number Emp"/>	Out of State Approval #:	<input type="text" value="OOS Approval"/>
Account # (OCAS):	<input type="text" value="Account OCAS"/>		

Event Dates			
From	<input type="text" value="Event Start"/>	To	<input type="text" value="Event End"/>

Travel Dates			
Depart	<input type="text" value="Travel Start"/>	Return	<input type="text" value="Travel Return"/>
<i>This form shall be completed and submitted within 30 days of completion of travel.</i>			



Travel Expense Reimbursement

The Middle Section records all DAILY expenses, including Registration, Transportation, Lodging and Meals:

DATE List each date of travel.
Each 'Date' field has a drop-down menu to select a date, or you may type in the date.

If the trip is from 9/10/18 through 9/13/18:

DAILY EXPENSES	
DATE	
	PO #:
09/10/18	
09/11/18	
09/12/18	
09/13/18	

September 2018						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	1	2	3	4	5	6

Today: 1/29/2019

DAILY EXPENSES	
DATE	REGISTRATION
	List PO# if paid separately
	PO #:
09/10/18	21901111

REGISTRATION If registration fees were paid on a separate PO, list that PO # in the box provided. You do NOT need to enter the amount of registration. Attach a copy of the registration form.

OR

List amount paid by employee for registration fees. Attach a copy of registration form and proof of payment.

Note: Registration forms are required in order to verify event and travel dates.

DAILY EXPENSES	
DATE	REGISTRATION
	List PO# if paid separately
	PO #:
09/10/18	200.00



Travel Expense Reimbursement

MILEAGE If driving a personal vehicle, attach printout from Google Maps (or equivalent) showing work location start and destination stop. Total the miles and enter. (Notice that the dollar value will calculate for you.) Include any other business-related miles on appropriate dates.

OTHER PARKING/TOLLS
List amount paid for parking at hotel or event venue, etc. Attach receipt for proof of payment.

For tolls, attach Pikepass (or other toll) fee chart or account printout.

MILEAGE		AIRPORT PARKING	AIRFARE <i>List PO# if paid separately</i>	BAGGAGE FEES	PUBLIC TRANSPORTATION <i>(Taxi/Uber/Bus/ Rental)</i>	OTHER PARKING/ TOLLS
Miles	@ \$0.58/mi (2019 rate)					
		PO #:				PO #:
	0.00					
	0.00					
	0.00					
	0.00					
	0.00					
	0.00					
0	0.00	0.00	0.00	0.00	0.00	0.00

AIRPORT PARKING
List amount paid for parking at airport PER DAY. Attach parking ticket receipt for proof of payment.

BAGGAGE FEES
List amount paid for checked baggage. Attach airline receipt(s).

AIRFARE
If airfare paid on a separate PO (to Spears Travel, for example), list the PO #. You do not need to list the amount of airfare.

OR
List amount paid for airline ticket(s). Attach airline (or booking agent) receipt with proof of payment.

PUBLIC TRANSPORTATION
List amount paid for taxi, Uber, or other public transportation. Attach receipt with proof of payment. Car rental and gasoline purchases for rental will be listed here as well. List rental car amounts daily.



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OTHER FUEL/ TOLLS	LODGING <i>List PO# if paid separately</i>
PO #:	
0.00	0.00

LODGING

If hotel was paid on a separate PO, list that PO # in the box provided. You do NOT need to enter the amount charged for lodging.

OR

List amount paid by employee for lodging PER DAY. Attach a copy of hotel receipt (folio) showing a "Balance \$0.00".

(Any incidental charges to the room – for meals, parking, sundry items – shall be recorded separately as either meals, parking or miscellaneous.)

MEAL EXPENSES IN-STATE \$50 per day maximum OUT-OF-STATE \$75 per day maximum		
BREAKFAST	LUNCH	DINNER
0.00	0.00	0.00

MEALS

Record each actual meal expense, including tax and tip, in the appropriate field for each day of travel. Attach ITEMIZED receipts as well as any credit card receipts, showing proof of payment. Note that Board Policy allows the District to reimburse tips up to 20%.

Note that Union has daily maximums, and total meal charges are not to exceed the aggregate allowable. (For example, a three-day trip to Stillwater, OK, has a maximum aggregate meal allowable of \$150.00: 3 days x \$50/per day. One day may total OVER \$50 as long as the other days total UNDER \$50, and the TOTAL is \$150 or less.)

Meal amounts reported should ONLY be the amount reimbursable to the employee, so any receipts that include non-reimbursable meals for other individuals, or non-reimbursable beverages, must be split out on a separate Receipt Form and attached to this form.



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The Lower Section is for any “Other” expenses that cannot be classified in the previous sections:

Record any of the indicated “other” expenses in this section:

OTHER / MISCELLANEOUS EXPENSES		** THERE WILL BE NO REIMBURSEMENT FOR ALCOHOL. **		
Documentation for Business Meals shall include:	*Use this section to report (a) itemized Business Meals for other than yourself, and/or (b) any other miscellaneous expenses not recorded above.			
* Name(s) of other individual(s) present;	* business purpose;	DATE	EXPLANATION	AMOUNT
* location of meal;	* actual itemized receipt(s)			
Other miscellaneous expenses may include:				
Purchase of PD materials; shipment of presentation materials; ETC				
SUB-TOTAL				0.00

The Bottom Section includes the Approvals, an Attachment Checklist, and an Expense Summary:

The employee must sign the reimbursement claim, then have their direct supervisor approve. The form will allow the use of electronic signatures, but they are not required.

The checklist is provided for the employee’s benefit, to verify that all required documentation is submitted with the reimbursement request. Any missing documentation may delay payment processing.

<p style="font-size: 8px;">I affirm that the travel indicated above was performed as stated and that this claim for reimbursement is a true and correct account of expenses, none of which have been previously reimbursed or otherwise provided by other sources. I understand that I may be held liable under possible penalty of law for any falsified expenses or misstatement of claim, in addition to adverse employment actions that may be taken by the district against me, including possible employment termination.</p>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: right; font-size: 8px;">Employee Signature Date</p>
<p style="font-size: 8px;">I verify the information on and attached to this form is reasonable, complete, and accurate and is in compliance with district policy. I authorize payment of this reimbursement claim and verify (1) the validity of the travel as directly related to the district's educational mission and (2) all charges are against the proper OCAS code.</p>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: right; font-size: 8px;">Administrative Approval Date</p>

ATTACHMENT CHECKLIST
<input type="checkbox"/> Registration Form/Information
<input type="checkbox"/> Mileage Map(s)
<input type="checkbox"/> Transportation Receipt(s)
<input type="checkbox"/> Tollway Charts/Charges
<input type="checkbox"/> Hotel Receipt (\$0 balance)
<input type="checkbox"/> Itemized Meal Receipts

SUMMARY	
REGISTRATION	0.00
TRANSPORTATION	0.00
LODGING	0.00
MEALS	0.00
OTHER	0.00
TOTAL REIMBURSEMENT	0.00
FOR ACCOUNTING USE ONLY	
APPROVAL	
(1)	(2)

All Summary totals will automatically calculate.

As a reminder, ALL receipts shall be taped to an 8-1/2” x 11” paper. This reduces the risk of lost receipts in transit and allows for documents to be scanned into Munis more timely.

The approved claim shall be forwarded along with all required attachments to the Accounting Department at the ESC. Once it has been approved, payment shall be processed. If received and approved by Accounting before Friday, payment shall be processed in the following week’s check run.