

# Fiscal Services Travel Reimbursement Policy and Procedures

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## TRAVEL REIMBURSEMENT POLICY

### PURPOSE

The purpose of the Travel Reimbursement Policy is to assist employees traveling on behalf of Morgan Hill Unified School District in obtaining reimbursement for an approved trip, conference or meeting expense.

The Travel Reimbursement Claim Form must be submitted to the site/department manager for approval. Original, detailed receipts should be attached to the back of the form and/or an additional full-size sheet of paper. All attachments pertaining to the trip, such as registration information, conference schedules, and hotel information must be attached to the form. The site/department manager may approve the request or deny it and return it to the employee for added information. If the request is approved, the manager must keep a copy of the form/receipts at the site or department. The original documents should then be sent to an Accounting Specialist at the District Office. The Accounting Specialist will verify codes, audit for accuracy and process for payment. **The submission deadline for reimbursement is 20 days after travel is complete.**

### BASIC GUIDELINES

Expenses qualifying for travel reimbursement for conferences and other professional travel are as follows:

- Round-trip travel, not to exceed economy airfare. Whenever possible and appropriate, the least expensive means of travel shall be utilized (district vehicle, personal vehicle, economy airfare).
- Transportation on streetcars, buses or taxis to and from a terminal to the meeting site or hotel
- The rental of compact car, if necessary and approved in advance, along with cost of gasoline
- Registration fees, exclusive of entertainment, personal calls, alcohol, tours and videos
- Reasonable lodging cost only for the days in which you are attending a conference
- A meal allowance of up to \$50.00 each day. If the trip contains partial days, meals may be reimbursed up to \$10.00 for breakfast; \$15.00 for lunch; and \$25.00 for dinner
- Mileage reimbursement for use of a personal vehicle to travel to and from a conference/meeting

**All expenditures shall be documented by receipts.**

#### **A few other items to note:**

- Tips are reimbursable as part of a meal expense.
- Alcoholic beverages are **not** reimbursable and should not appear on your receipt.
- Reimbursements for registrations paid by personal check or credit card require one of the following proofs of payment; receipt from conference administration, front and back copy of cancelled check, or copy of credit card statement showing the actual payment processed.
- Reimbursement for mileage, not pertaining to travel voucher mileage, needs to be submitted on a Mileage Reimbursement Form.

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- If attending a conference, attach to the form a short schedule or agenda that notes meals that were provided by the conference.

## TRAVEL REIMBURSEMENT CLAIM FORM INSTRUCTIONS

### PRIOR TO TRAVEL: Complete only the information listed below.

1. Enter *Employee Information* for the person requesting reimbursement as listed below:
  - a. Name
  - b. Address
  - c. City
  - d. State
  - e. Zip
2. Enter Travel Information for the trip directly related to the reimbursement request as listed below:
  - a. Enter the *Name* of the conference or activity that you are attending.
  - b. Enter the *Location* of the conference or activity.
  - c. Enter the estimated date and that you will be leaving for the conference/activity in *Departure Date*.
  - d. Enter the estimated date that you will be returning from the conference/activity in *Return Date*.
  - e. The *Estimated Departure Time* and *Estimated Return Time* boxes may remain blank at this time.
3. Enter the *TOTAL* estimated expenses for *EACH ITEM* in the *Estimated Totals/Requires Pre-Approval Column*. Obtain a supervisor's signature for pre-approval of travel expenditures.
4. Account Code: Enter any account code to be charged with the expenses for your trip.

### SAVE AND PRINT FORM, OBTAIN APPROVAL THEN BEGIN TRAVEL PREPARATIONS.

### AFTER TRAVEL: Complete the form in detail for reimbursement.

1. Make any changes necessary to the departure and return dates and times.
2. Add ACTUAL expense details in individual boxes:

**ITEM:** The *Item* column lists the different types of expenses related to travel.

**Breakfast:** \$10 maximum allowance including tip. Enter cost up to \$10.

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**Lunch:** \$15 maximum allowance including tip. Enter the cost up to \$15

**Dinner:** \$25 maximum allowance including tip. Enter the cost up to \$25

**Lodging:** Use reasonable lodging. Enter the amount of room and tax only.

**Airfare:** Enter the cost of reasonable airfare. Morgan Hill Unified School District will provide a reimbursement for reasonable airfare charges (*No Upgrades*).

**Ground Transportation:** Enter the cost of your ground transportation at your destination such as a taxi or shuttle service.

**Parking:** Enter the cost of parking your personal vehicle.

**Mileage:** Enter the miles traveled x the current IRS rate when using your personal vehicle. As of January 1, 2015, **the current IRS rate is .575 per mile**. The total mileage reimbursement will populate automatically in the last column. Include a Google Maps printout of your beginning and ending destinations

**Rental Car:** At times the cost of a rental car may prove to be the cheapest method of travel. At those times, a car rental may be approved.

**Other:** Use this box for categories not listed. Provide a thorough explanation for this category.

**DATE:** The *Date* row is located just below *The Date of Travel Expense* row. The first date listed should be the same as the *Departure Date* listed and the last date should be the same as your *Return Date*. List each of your expenses for that day in the appropriate item box for that day.

**Category Subtotals:** The Category Subtotals column will automatically calculate the subtotals by *ITEM*.

**Daily Subtotals:** The Daily Subtotals row will automatically calculate your expenses by the day.

**Claim Total:** this is the total reimbursement amount that you are requesting from the School District.

5. **Claimant's Signature:** Sign and date certifying that your expenses are all appropriate work-related expenses.
6. **Supervisor/Budget Manager's signature:** Obtain the approval of your Supervisor or Budget Manager and send form along with all original receipts and travel information to Accounts Payable for payment processing.

**EXAMPLE: OBTAINING PRIOR APPROVAL**

**Morgan Hill Unified School District**



**Travel Reimbursement Claim Form**

Employee Information				Travel Information			
Name	John Smith			Conference or Activity	CASBO Workshop		
Address	740 Meadow Vale Lane			Location	Sacramento		
City	Morgan Hill			Departure Date	4/30/2014	Departure Time	TBD
State	CA	Zip	95037	Return Date	5/1/2014	Return Time	TBD

*Before Travel:* All travel requires a pre-approval by your supervisor/administrator for estimated expenses .  
*After Travel:* Detailed original receipts must be attached for all expenses. Mileage reimbursements must include a **Google** map verifying miles traveled. Items to Note: Tips are an allowable meal expense but alcohol is not and should not appear on the receipt. Reimbursements for registrations paid by personal check or credit card require one of the following proofs of payment: receipt from conference administration, and/or the front and back copy of cancelled check, and/or copy of credit card statement showing charge. Claims must be submitted within 20 days of travel.

Item	Estimated Totals	Date of Travel Expense						Category Subtotals
	Requires Pre-Approval							
Breakfast Maximum Allowance \$10	\$ 10.00							
Lunch Maximum Allowance \$15	\$ 15.00							
Dinner Maximum Allowance \$25	\$ 25.00							
Lodging (Reasonable Room and Tax only)	\$ 175.00							
Airfare								
Ground Transportation (Taxi or Shuttle)								
Parking	\$ 25.00							
Mileage (Miles traveled X current IRS current rate)	\$ 250.00							
Rental Car								
Other (Please specify)								
Daily Subtotals	\$ 500.00							

<b>Expenditure Pre-Approval</b> (Supervisor Signature)	<i>Supervisor Signature</i>	<b>Final Claim Total</b>	
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*I CERTIFY THAT THIS IS A TRUE AND CORRECT CLAIM FOR EXPENSES INCURRED WHILE CONDUCTING OFFICIAL BUSINESS ON BEHALF OF MORGAN HILL UNIFIED SCHOOL DISTRICT.*

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Supervisor/Administrator Signature

\_\_\_\_\_  
Account Code

\_\_\_\_\_  
Date

**EXAMPLE: AFTER RETURNING FROM TRAVEL**

**Morgan Hill Unified School District  
Travel Reimbursement Claim Form**



Employee Information				Travel Information			
Name	John Smith			Conference or Activity	CASBO Workshop		
Address	740 Meadow Vale Lane			Location	Sacramento		
City	Morgan Hill			Departure Date	4/30/2014	Departure Time	1:00PM
State	CA	Zip	95037	Return Date	5/1/2014	Return Time	2:00PM

*Before Travel:* All travel requires a pre-approval by your supervisor/administrator for estimated expenses. *After Travel:* Detailed original receipts must be attached for all expenses. Mileage reimbursements must include a **Google** map verifying miles traveled. Items to Note: Tips are an allowable meal expense but alcohol is not and should not appear on the receipt. Reimbursements for registrations paid by personal check or credit card require one of the following proofs of payment: receipt from conference administration, and/or the front and back copy of cancelled check, and/or copy of credit card statement showing charge. Claims must be submitted within 20 days of travel.

Item	Estimated Totals	Date of Travel Expense						Category Subtotals
	Requires Pre-Approval	4/30/2014	5/1/2014					
Breakfast Maximum Allowance \$10	\$ 10.00		\$ 10.00					\$ 10.00
Lunch Maximum Allowance \$15	\$ 15.00		\$ 15.00					\$ 15.00
Dinner Maximum Allowance \$25	\$ 25.00	\$ 25.00						\$ 25.00
Lodging (Reasonable Room and Tax only)	\$ 175.00	\$ 150.00						\$ 150.00
Airfare								\$ -
Ground Transportation (Taxi or Shuttle)								\$ -
Parking	\$ 25.00	\$ 20.00						\$ 20.00
Mileage (Miles traveled X current IRS current rate)	\$ 250.00	\$ 89.04	\$ 89.04					\$ 178.08
Rental Car								\$ -
Other (Please specify)	\$ -	\$ -						\$ -
Daily Subtotals	\$ 500.00	\$ 284.04	\$ 114.04					\$ 398.08

<b>Expenditure Pre-Approval</b> (Supervisor Signature)	<i>Supervisor Signature</i>	<b>Final Claim Total</b>	\$ 398.08
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I CERTIFY THAT THIS IS A TRUE AND CORRECT CLAIM FOR EXPENSES INCURRED WHILE CONDUCTING OFFICIAL BUSINESS ON BEHALF OF MORGAN HILL UNIFIED SCHOOL DISTRICT.

*John Smith*  
 \_\_\_\_\_  
 Claimant's Signature  
 010-0000-0-5220-00-xxxx-xxxx-xxxxxxx-000-0000  
 \_\_\_\_\_  
 Account Code

*Supervisor Signature*  
 \_\_\_\_\_  
 Supervisor/Administrator Signature  
 05/04/14  
 \_\_\_\_\_  
 Date