

The *REIMBURSEMENT REQUEST* form is to be used by employees, parents and students to request reimbursement of expenses incurred while attending conferences/meetings outside the District or for reimbursement for purchases.

All conference and related travel expenses, as well as purchases of goods or services, must be approved in advance by the appropriate administrator.

Reimbursements requests must be submitted:

- Within two weeks of the conclusion of the conference/meeting (conference/meeting related expenses; i.e., mileage, hotel and/or meals)
- Within 30 days of the date of the item purchased
- No later than July 1 for any expenses occurring after June 1 each year

Following is the information to be completed on the form as well as required documentation to be attached to a *REIMBURSEMENT REQUEST* form: **Original itemized receipts or original itemized invoices are always required when submitting a request for reimbursement.** Reimbursement is made only after the event has taken place, and the employee has paid for all expenses.

- **Name, address, and date of request**
- **Event Date**
- **Conference/Vendor:**
  - Indicate the conference attended
  - If this is a request for reimbursement for purchase of items, indicate the vendor where the purchase was made. All purchases of items should have been pre-approved by your immediate supervisor prior to making the purchase.
  - If a mileage reimbursement, leave blank.
- **Description/Location (From/To)/Purpose:**
  - Indicate the location of the conference
  - If mileage reimbursement, indicate location traveled to and purpose for travel
  - If this is a request for reimbursement of items, indicate purpose of purchase such as supplies, meals, etc.
  - Reimbursement requests for meals must meet the following guidelines:
    - Receipts for restaurants and hotels must include the details of the food items purchased and must be reasonable, the district will not reimburse for alcohol purchases, sales tax or tips.
    - If a meal is charged to a hotel room, a detailed receipt indicating what food items were ordered is required.
    - A credit card receipt or restaurant check stub that indicates only the total amount paid will NOT be accepted as proof of payment.
    - Employees should submit receipts for their own meals only.
    - Reimbursement will be made only for meals not included with conference/hotel registration.
    - Daily reimbursements will be made for amounts up to: breakfast: \$10.00, lunch:\$15.00, dinner: \$20.00. Amounts in excess of these limits are the responsibility of the employee.
- **# of Miles:** Mileage is paid from an employee's place of employment to destination.
- **Amount:**
  - If mileage request: indicate the dollar amount to be reimbursed (mileage x rate/mile), if purchase of goods or meals, indicate amount to be reimbursed.
- **Budget Code and Account:**
  - To be completed by supervisor

**All original receipts** must be taped to the back of the reimbursement request form; additional 8 ½ x 11 sheets of paper may be stapled to the reimbursement request if needed. Keep a copy for your records. Upon supervisor approval, submit the completed copy of the *REIMBURSEMENT REQUEST* form to the Business Office.

# WHITEFORD AGRICULTURAL SCHOOLS

## MILEAGE & REIMBURSEMENT REQUEST FORM

BOARD POLICY #3440 / #4440

Deadlines for Submission of Form

- ~ 2 weeks after conference/meeting
- ~ 30 days after miscellaneous purchases
- ~ July 1 (purchases after June 1 annually)

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

EVENT DATE	CONFERENCE / VENDOR NAME	ITEMIZED EXPENSES			0.7		<i>(Principal / Supervisor to Complete)</i>	
		DESCRIPTION / LOCATION (FROM/TO) / PURPOSE	# MILES	MILEAGE	AMOUNT	BUDGET CODE	ACCOUNT	
<b>GRAND TOTAL :</b>								

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

*NOTE: Complete all sections in their entirety. Itemize expenses and attached ITEMIZED receipts for every expense except mileage. Receipts should be taped to the backside of this form, attach additional sheets if more space is needed.*

*Mileage reimbursed at IRS rate (see www.irs.gov for current standard mileage rates)*

*This form is two-sided (see instructions for reverse side).*

<b>SUPERVISOR APPROVAL</b>	<b>DATE</b>
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