

Guidelines for Employee Travel Reimbursements

All claims must be submitted to the district Accounting Dept.

Claims must be received within ten (10) business days following completion of travel.

Failure to meet this deadline may result in the denial of travel reimbursement.

The following must be met before this form can be processed for reimbursement.

Incomplete forms will delay or prevent your reimbursement.

1. Please **print** or **type**, blue ink preferred (Do not use pencil.)
2. Please enter your full name and complete home address (where you receive mail)

**** ALL REIMBURSEMENTS ARE MAILED****

3. Employee/Payee and his/her Administrator must sign & date this form.
4. The administrator for EACH budget code charged must also sign & date this form

Administrators submitting their own personal claim must sign as "employee" only.

RECEIPT POLICY

5. Attach (staple securely) all **ORIGINAL ITEMIZED receipts** to the back of this form.
 - a. Bankcard receipts are acceptable if they are itemized, otherwise they will be used as proof of purchase only.
 - b. Receipts should show only the charges to be reimbursed by the District.
 - c. ****Do not combine personal & district purchases on the same receipt****

TRAVEL REIMBURSEMENT RATES

The per diem reimbursement rates for meals are as follows:

Breakfast	\$10
Lunch	\$12
Dinner	\$18

*Per diem is the maximum daily rate that can be claimed for a meal.

****Meals are reimbursed on per diem basis only****

You must be on travel status by **6 a.m.** to claim **breakfast**.

You must be on travel status by **12 noon** to **1 p.m.** to claim **lunch**.

You must be on travel status until **7 p.m.** to claim **dinner**.

Travel status means "on the road", actually engaged in business, or at away conference.

Meal reimbursements for **same day travel** (*no overnight stay*) are taxable income.

(Same day travel meals will be paid through payroll)

Hotel - Will be reimbursed for room cost, tax and parking only. (Unless prior authorization has been obtained for other costs.) To be eligible for lodging reimbursement, your travel destination must be more than fifty (**50**) miles from both your official work place and your residence using the most direct route.

(Be sure to get your receipt before you leave your hotel).

Mileage is reimbursed at the current state rate posted on the WSD website.

Payment - Allow 3 weeks for processing.

Travel Expense Voucher

Instructions - See District Website:

Wenatchee School District #246
235 Sunset Ave, Wenatchee, WA 98801

Board Procedure 6213P

Guidelines for Employee Travel Reimbursement

Pay to the order of: _____

Mileage Chart round trip for out of district - car or motorcycle

Address: _____

School/Location: _____

Original Itemized Receipts Required (Please do not use highlighter pens to mark receipts)

TRAVEL **Date Left:** _____ **Date Returned:** _____ **Destination:** _____

Departure Time: _____ AM or PM **Return Time:** _____ AM or PM

Purpose of Travel: _____

Type of Transportation: _____

Personal Vehicle Mileage: _____ Miles @ _____ cents per mile = \$ _____

Names of other school personnel transported: _____

REGISTRATION: _____ \$ _____

LODGING: _____ \$ _____

Meals are strictly Per Diem Rate - No receipts required.

Date	Breakfast	Lunch	Dinner	Amount
Total				

Complete meal information for each day you are claiming.

Other Expenses:

Airport Parking \$ _____

Garage Parking \$ _____

Cab Fare \$ _____

Misc: _____ \$ _____

_____ \$ _____

Total Other Expenses: \$ _____

Total Meals: \$ _____

TOTAL EXPENSES: \$ _____

Less Advance Travel: \$ _____

Total Due Employee: \$ _____

Total Due District: \$ _____

Account Code: _____

CERTIFICATION: I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account.

Employee/Payee Signature: _____ **Date** _____

Administrator Signature: _____ **Date** _____

Funding Party Admin Signature: _____ **Date** _____

Student Signature (required for ASB Travel): _____ **Date** _____