

**ABERDEEN SCHOOL DISTRICT NO. 5
EXPENSE REIMBURSEMENT FORM (rev 01/2019)
Policy 6213/6213P**

ATTACH PRIOR APPROVAL FORM TO
THE EXPENSE REIMBURSEMENT FORM

Travel-related and Miscellaneous Expenses Reimbursement Claim Form
(Complete, sign and return this form to the business office within 10 business days of event)

Name: _____
Purpose of Travel: _____

Address: _____
Month/Yr: _____

*Claims for reimbursement must be signed by the employee. *Meal reimbursement is taxable if there is no overnight stay.
Employees must meet the three hour rule as defined by Policy 6213 and be in travel status prior to 6:30 to be eligible for breakfast, during the entire noon hour to claim lunch and after 6:30 to claim the dinner meal.
The employee must submit receipts for meals, lodging, business expenses and for any taxi or purchased transportation expenses.
The employee may vary the suggested meal rates as needed, but should not exceed the daily rate of \$66, inclusive of tips **not to exceed 20% (≤ 20)**.
The employee can only claim mileage if use of their personal vehicle was approved by the District.
The mileage rate is fifty-eight cents per mile (\$0.58) as of 01/01/2019.*

| Date | Time Left | Time Returned | MEALS (<i>itemized receipts required</i>) | | | | Lodging (Receipt required) | Personal Vehicle | | Other expenses | Account Code | Grand Total |
|---|-----------|---------------|---|---------------|----------------|----------------|-----------------------------------|------------------|-----------------------|-----------------------------|--------------|-------------|
| | | | All prices inclusive of tip | | | | | Miles | Reimb. \$0.58/mile | Attach Receipt | | |
| | | | Breakfast \$16 | Lunch \$20 | Dinner \$30 | Total Meals | | | | | | |
| | | | | | | 0 | | | 0 | | \$ - | |
| | | | | | | 0 | | | 0 | | \$ - | |
| | | | | | | 0 | | | 0 | | \$ - | |
| | | | | | | 0 | | | 0 | | \$ - | |
| | | | | | | 0 | | | 0 | | \$ - | |
| | | | | | | 0 | | | 0 | | \$ - | |
| | | | | | | 0 | | | 0 | | \$ - | |
| | | | | | | 0 | | | 0 | | \$ - | |
| | | | | | | 0 | | | 0 | | \$ - | |
| | | | | | | 0 | | | 0 | | \$ - | |
| | | | | | | 0 | | | 0 | | \$ - | |
| | | | | | | | | | | Total Reimbursable Expenses | \$ - | |
| <i>Employee Certification: I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me in the conduct of the business of the Aberdeen School District and that no payment has been received by me on account thereof.</i> | | | | | | | | | | Reimbursement Due Employee | \$ - | |

Employee Signature: _____ *Date:* _____ *Notes:* _____

Supervisor Certification: I hereby certify the above employee completed travel in the conduct of the business of the Aberdeen School District. I have also verified the account codes for reimbursement are correct, and a legal use of funds as outlined in Policy/Procedure 6213.

Supervisor Signature: _____ *Date:* _____

**** Please note per Procedure 6213 -" Any travel expenses that are not submitted within 30 days of the date of return will not be honored unless special circumstances warrant the delay.**