ABERDEEN SCHOOL DISTRICT NO. 5
EXPENSE REIMBURSEMENT FORM (rev 01/16)
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: _____ ***Address:*** _____

Purpose of Travel: _____ ***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 $61, 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-four cents per mile ($0.54) as of 01/01/2016.

			MEALS (***itemized*** *receipts required*) All prices inclusive of tip				Lodging	Personal Vehicle		Other expenses		
Date	Time Left	Time Returned	Breakfast $15	Lunch $18	Dinner $28	Total Meals	*(Receipt required)*	Miles	Reimb.	*Attach Receipt*	*Account Code*	Grand Total
						0			0			$ -
						0			0			$ -
						0			0			$ -
						0			0			$ -
						0			0			$ -
						0			0			$ -
						0			0			$ -
						0			0			$ -
						0			0			$ -
											Total Reimbursable Expenses	$ -
											Reimbursement Due Employee	$ -

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.

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 6213.

Supervisior Signature: _____ *Date:* _____