

HOQUIAM SCHOOL DISTRICT

TRAVEL RELATED AND MISCELLANEOUS EXPENSE REIMBURSEMENT FORM

NAME _____	MONTH _____
ADDRESS _____	PURPOSE _____
<i>CERTIFICATION: I hereby certify under penalty of perjury that this is a true and correct claim for expenses incurred by me while on school district business and that to the best of my knowledge expenses are eligible for reimbursement under school district policies and procedures.</i>	
EMPLOYEE SIGNATURE _____	DATE _____

SUMMARY OF EXPENSES

FROM REVERSE

MILEAGE TOTAL _____	ACCOUNT CODE _____
MEALS TOTAL _____	ACCOUNT CODE _____
OTHER TOTAL _____	ACCOUNT CODE _____ - - - - -
MISCELLANEOUS TOTAL _____	ACCOUNT CODE _____
	ACCOUNT CODE _____ - - - - -

TOTAL REIMBURSEMENT _____	<i>Office Coordinator Verification</i> _____
Supervisor Approval _____	Date _____

Meal Reimbursement: Breakfast-\$11.00, Lunch-\$14, Dinner-\$21.00. Original itemized receipts (purchased items listed) are required for all meal reimbursements and shall not include alcohol on the receipt. Each individual must purchase their own meal on their own receipt if reimbursement is being requested. Tips are reimbursable up to 15% of the total purchase within the allocated amount. (\$21 dinner receipt + \$3.15 [15%] = \$24.15 total allowable reimbursement) Grocery purchases are allowed in lieu of dining out within the per meal allocation.

Lodging: Individual receipts are required from each staff member who requests reimbursement from the district. When two or more people share a room, the room shall be registered to all of the occupants. Additional costs incurred for guests not associated with the Hoquiam School District and the meeting or training attended shall be paid by the employee prior to check out. Personal expenses-guest meals, in-room movies, phone calls, liquor, etc. are not reimbursable and shall be paid by the employee prior to check out.

Mileage: Reimbursable at the current per mile rate of .58 cents. Mileage claimed will be verified using the state mileage chart, unless a route map is printed out showing the distance from Hoquiam to the location. All locations traveled to for the purpose of business shall be listed on the reimbursement form accompanied by the mileage and purpose for the travel. ****MILEAGE MUST BE SUBMITTED MONTHLY****

Miscellaneous: May include registration fees, faxes, parking, ferry fees, taxi fares, car rental (prior approval required) and other supplies required as part of the training/meeting.

****Important****
Use reverse for expense itemization, attach all receipts to this form. Refer to Policy 6213 and Procedure 6213P. Expenses not itemized will be returned.

District Office Use Only

AP Verification _____	Date _____
DO Approval _____	Date _____

