WHEATLAND SCHOOL DISTRICT
EMPLOYEE REIMBURSEMENT PROCEDURE

Pursuant to Wheatland District Policy regarding travel expenses and reimbursement of same, please review the following information **PRIOR** to completion and submission of the attached Reimbursement Request Form.

Employees are entitled to be reimbursed for certain District sponsored activities and supplies. Expenses shall be reimbursed within limits approved by the board. The governing board shall authorize payment for actual and necessary expenses, including travel, incurred by any employee performing authorized services for district.

1. It is your responsibility to accomplish Wheatland School District related travel as economically as feasible.

2. Mileage reimbursement for travel for Wheatland School District related business such as attending conferences, seminars, etc., **WILL** be paid if a private vehicle is used.

3. Eligible mileage reimbursement shall be paid at the current IRS rate in effect as of the date of travel. The actual rate will be filled in by the accounts payable using the current IRS rate.

4. Wheatland School District will reimburse for appropriate expenses related to attendance at conferences, meetings, seminars, etc. While certainly not a complete list, the following summarizes the District's policy for reimbursement of various common expenses that may be incurred when traveling on District related business.

5. All **itemized receipts** must be kept and attached to Reimbursement Form which the employee must fill out to request reimbursement. This form must be completed stating what the expense was, what event was being attended, and approved by the authorizing supervisor before being submitted to Accounts Payable for processing. **Reimbursement may be denied if an itemized receipt is not provided. Please note that a credit card authorization or payment confirmation does not qualify as an itemized receipt.**

ELIGIBLE EXPENSES	NON-ELIGIBLE EXPENSES
• Event Registration • Lodging (Two in a room whenever possible) • Meals for Employee (for those not provided at the attended event) • Tips (up to 15%) • Food in Airport for layovers • Taxi/Train/Rental Car/Uber/Air fares • Parking/Toll fees • Mileage (if personal vehicle used) • Fuel (if district vehicle used) • Baggage Fees • Fancy Coffees such as Mocha's, Latte's, Frappuccino's **if part of the meal** • Site administrator pre-approved curricular tools, books or supplies offered for purchase at the event • Main course meal ONLY	• In-room movies • Meals for Employees family or guest(s) (those not provided at the attended event) • Purchase of any alcoholic beverages (GET SEPARATE RECEIPT FOR YOUR ALCOHOL) • Entertainment outside of the activities offered as part of the event attended • Fancy Coffees such as Mocha's, Latte's, Frappuccino's **if not part of the meal** • Snacks between meals • Food at the airport prior to initial flight • On-flight movies, on-flight wifi or other on-flight expenses • Curricular tools, books or supplies offered for purchase at the event that were not pre-approved by site administrator • Appetizers and Desserts

- Meals should not to exceed a total of $90 per day plus tip, allocated as follows for maximum reimbursement:
  - Breakfast - $20.00 before Tip
  - Lunch - $30.00 before Tip
  - Dinner - $40.00 before Tip

- **Amounts above these will not be reimbursed without prior approval from the Superintendent**

- All Reimbursement Request Forms will initially be reviewed by the Site Administrator. If approved, the Request Form will then be reviewed by the CBO for approval to process for payment. If any requested reimbursement amount(s) are rejected at either level of review, a final decision regarding the validity of the expenses in question shall then be made by the Superintendent after meeting with the employee.

REIMBURSEMENT REQUEST FORM

Request for Employee Expense/Mileage Reimbursement
Travel & Conference

Employee Name: _____ Date: _____

Name and Location of Conference: _____ Dates of Conference: _____

Expenses (employee paid) (ie. Meals, Lodging, Airfare, Parking, Taxi, Car Rental)

Date	Type of Expense	Description	Amount	Acct Dept
		Expense Total		

Mileage Expenses (employee paid)

Date	Reason for Mileage	# of miles	Amount @ $0.725/mile	Acct Dept
		Mileage Expense Total		

Total Expenses to be Reimbursed to Employee	

Please attach receipts and turn in form within 15 days of travel/conference.

I certify that the expenses and mileage are actual. I certify that the expenses and mileage were expended in the performance of official district business. I certify that no prior claim has been made for any portion of these expenses to either the Wheatland School District or to any other organization or entity.

_____ _____
Employee Signature Program or Budget Code to be Charged

_____ _____
Site Administration Approval District Approval