

# HOQUIAM SCHOOL DISTRICT

## TRAVEL RELATED AND MISCELLANEOUS EXPENSE REIMBURSEMENT FORM

<b>NAME</b> _____	<b>MONTH</b> _____
<b>ADDRESS</b> _____	<b>PURPOSE</b> _____
<p><b>CERTIFICATION:</b> 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.</p>	
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** \_\_\_\_\_

Office Coordinator Verification \_\_\_\_\_

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 .565. 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.

<b>District Office Use Only</b>	
AP Verification _____	Date _____
DO Approval _____	Date _____

# Detail of Expenses

Date	Mileage <small>(8000/8220)</small>			Total Daily Miles	Total Mileage \$ <small>(miles x .565)</small>	MEALS <small>(8000/8220)</small>			Total Daily Meals <small>\$47 (max)</small>	OTHER		Total Daily Other
	FROM	TO	Rnd Trip			BREAKFAST	LUNCH	DINNER		LODGING <small>(8000/8220)</small>	REGISTRATION <small>(7000/7220)</small>	
						<small>\$11 (+15% Tip Allowed)</small>	<small>\$14 (+15% Tip Allowed)</small>	<small>\$21 (+15% Tip Allowed)</small>				
6/18/13	Hoquiam	ESD 113	√	107	60.46	7.89	13.57	18.6	40.06	123.45	149	272.45
Mileage Total				Meals Total					Other Total			

Miscellaneous Expenses (Supplies, Dues, Clock Hours, etc.)

Date	Vendor	Reason for Purchase	Amount

Miscellaneous Total		<b>Grand Total</b>
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**\*\*Itemized receipts are required for all expense reimbursements.  
 Receipts for meal reimbursements must show menu item(s) purchased and cannot include alcohol or expenses for others, including other school employees.**