

TRAVEL REIMBURSEMENT INSTRUCTIONS

Travel Reimbursement Request forms must be completed, signed by the employee and the employee's Administrator/Supervisor, and submitted to Accounts Payable within 30 days after completion of the trip. The **original copy of the "Authorization for Travel" form** and **all necessary documentation** must be attached to the Travel Reimbursement Request form.

- The Travel Reimbursement Request form is located on the CSD website under Accounts Payable forms.
- Documentation – **All** documentation related to the trip must be included with the travel reimbursement. This includes:
 - Agendas for any conferences or seminars attended
 - Original **itemized** receipts/documentation for all costs associated with the trip.

Hotel/Lodging:

- Reasonable lodging will be reimbursed for the actual cost if supported by itemized receipt. A credit card statement **is not** an acceptable form of documentation.

Meals:

- Meals will be reimbursed up to the amount noted on the Travel Reimbursement Request form. Itemized receipts must be submitted with the reimbursement request.
- Receipts for payment of meals for guests must indicate the names and titles of the guests, the business purpose for the meal and must be original itemized receipts.
- Receipts must also state the name of the establishment, the date issued, items purchased, and the amount.

Mileage:

- No gas receipts are necessary if mileage is being reimbursed for the use of a personal vehicle.
- The personal mileage rate is based on the IRS federal mileage reimbursement rate and can be found listed on the Travel Reimbursement form.
- If mileage reimbursement is for multiple trips within a certain time period OR an extended trip to multiple destinations, a mileage log including beginning and ending vehicle mileage for each location must be submitted.

Other:

- Gas – if gas is being reimbursed (instead of mileage), original itemized gas receipts are required. (Credit card receipts with only the total amount charged are NOT acceptable—it must be an itemized receipt.) Gas receipts cannot exceed the amount that would be paid by using the per diem rates for mileage.
- Miscellaneous – All other reasonable and necessary expenses will be reimbursed at actual cost to the traveler if supported by an original itemized receipt.

AFTER THE TRAVEL REIMBURSEMENT FORM HAS BEEN FILLED OUT, SIGNED, AND APPROPRIATE DOCUMENTATION ATTACHED, IT CAN BE SENT TO THE CENTRAL OFFICE.



Colchester School District

Authorization for Travel

This form is **not** to be used when travel will be paid for with tuition funds.

Travel Request

Date Submitted	
Employee Name	
Position Title	
Employee E-mail	
Contact Phone	
School	
Destination	
Departure Date	
Return Date	
Purpose of Travel	

Estimated Costs

Type of Expense	Description of Expense	Daily Expenses	# of Days	Total Expenses
Conference Fee(s)				
Airfare				
Ground Transportation				
Lodging				
Meals and Tips				
Miscellaneous				
			Grand Total	\$0.00

Employee Signature: _____ Date: _____

Account and/or Account # to be charged: _____

Approved By Administrator/Supervisor: _____ (Please Print)

Approval Signature: _____

This authorization to travel is hereby approved and this acknowledges the district's obligation to reimburse the employee for the purpose of this travel.

*Employee will retain approved "Authorization for Travel" form -- to be included when submitting expenses on the "Travel Reimbursement Request" form.



Colchester School District

Travel Reimbursement Request

Name of Employee: _____ Date: _____
 Date(s) of Event: _____
 Description/Purpose: _____
 Destination: _____

Expenses

Date	Meals			Lodging		Miscellaneous	
	Breakfast	Lunch	Dinner	Place	Amount	Item	Amount

Total: \$ \$ \$ Total: \$ Total: \$

Mileage - (Private Vehicle)

Date	Destination		Miles Traveled	Mileage Reimbursement
	To	From		

Use current IRS reimbursement rate
Mileage Total: _____
 Travel Expense Total: _____
 Reimbursement Requested: \$ _____

Employee's Signature: _____ Date: _____

Administrator/Supervisor's Signature: _____ Date: _____

Meal Reimbursement Limits:	Breakfast: \$10.00
	Lunch: 15.00
	Dinner: 30.00
	Total Daily: \$55.00

Please attach: "Authorization for Travel" or "Professional Development Reimbursement" form and all valid itemized receipts