

DENAIR UNIFIED SCHOOL DISTRICTTRAVEL/CONFERENCE REQUEST and REIMBURSEMENT

| SECTION A. | | | | | | | |
|-------------------------------|-------------------------|---------|-------|---------------------|-------|---|-------|
| Employee Name (as shown or | n Social Security Card) | Site | | | | | |
| | | | | | | | |
| Event/Conference Title (attac | h brochure) | Event I | Loca | ation | | | |
| | | | | | | | |
| Date(s) of Event | | Time o | of Ev | ent (include travel | time) | | |
| From / / | To / / | From | : | am/pm | То | : | am/pm |
| | | | | | | | |
| | | | | | | | |

| SECTION B. ITEMIZED EXPENSES ESTIMATED/PAID BY EMPLOYEE (List Day(s) and Date(s), e.g. Mon 01/12) | | | | | | | |
|---|---------------|--------------|--------------------------|---------------|---|--|---|
| ITEM DESCRIPTION (A) | | | Number of Days (B) | List Dates | Complete Prior to Event: Estimated Cost (A x B) | Complete <u>After</u> Event: Actual Cost | Actual Reimbursement (For Business Office Use Only) |
| Substitute Required \$110.00/day | | \$110.00/day | | | | | |
| Personal Mileage | <u>@</u> .545 | NO RECEIPTS | | | | | |
| Breakfast | \$8.00 | 252 | | | | | |
| Lunch | \$10.00 | PER DIEM | | | | | |
| Dinner | \$20.00 | DIEIVI | | | | | |
| Parking | | | | | | | |
| Taxi/Car Rental/Bus | | | | | | | |
| Airfare REQUIRE Lodging RECEIPTS Registration Other (Itemized) | | REQUIRE | | | | | |
| | | RECEIPTS | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total Cost | | | | | | | |

| SECTIO | SECTION C. TRAVEL REQUEST APPROVAL | | | | | | | | | |
|--------|------------------------------------|----|--------|------|----------|------|----------|--------|--|--|
| | Budget Code(s) | | | | | | | | | |
| Fund | Resource | PY | Object | Goal | Function | Site | Org/Disc | Amount | | |
| | | | | | | | | \$ | | |
| | | | | | | | | \$ | | |
| | Substitute Code | | | | | | | | | |
| | | _ | | | | | | \$ | | |

| Supervisor Signature | Date | Director of Student Support Signature | Date |
|---|--------------------|---------------------------------------|------|
| | | | |
| Board Approval Date (student overnight/ou | t of state travel) | Chief Business Officer Signature | Date |
| | | | |

| SECTION D. TOTAL REIMBURSEMENT (Please attach necessary receipts for reimbursement) | | | | | | | | |
|---|--|--|---|--|--|--|--|--|
| I hereby certify that the above is an accurate accounting of my incurred travel expenses and the expenses | | | | | | | | |
| claimed above are not reimbursable to me or to the District from any other source. | | | | | | | | |
| nployee Signature Date Supervisor Signature | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | nting of my incurre District from any c | nting of my incurred travel expenses and the expenses District from any other source. | nting of my incurred travel expenses and the expenses District from any other source. | | | | | |

DUSD Travel Request/Reimbursement Procedures (Will be used in place of a P.O. Request)

When an employee is authorized to attend a conference/meeting on behalf of the school district, the following policy shall apply:

- Prior approval is required for all travel
- Prior Board approval is required for all travel in which students will stay overnight
- Prior Board approval is required for all out of state travel
- Only actual and necessary travel expenses shall be allowed (Education Code 44032, BP and AR 3350)
 - Mileage within county boundaries is only actual and necessary to the event unless it is necessary to return to your work site
- All claims for reimbursement shall be submitted immediately upon return from such conference
- No claims can be submitted after June 30

Allowable Expenses Include:

- o Necessary transportation airfare, cab fare, parking, tolls, shuttle, and mileage (at IRS-approved rate)
- Lodging and/or Registration fees
- o Meals maximum per diem amounts, including tip are:
 - o Breakfast: \$8, Lunch: \$10, Dinner: \$20 o Full day Per Diem: \$38

*Note: Meal expense will not be paid if meals are included in the cost of the conference. Depending on conference schedule, only one or two meals per day may be allowable. **No alcoholic beverage expense will be paid.**

Documentation Required before the Conference:

EMPLOYEE

- o Conference flyer/equivalent showing the name, location, date, cost, nature, and schedule for the conference
- o Google maps from work to Conference location if employee is driving a personal vehicle
- o Travel Request/Reimbursement form filled out with conference information and estimated costs
- Preferences for hotel, transportation, diet, check-in time, etc.
- Submit to Main Office

MAIN OFFICE

- o Verify each employee's request has complete back-up attached (incomplete paperwork will be returned)
- o Add account codes from budget documents (e-mail CBO if a budget revision is needed)
- o Obtain Principal's signature
- Submit to Student Support Services Office

STUDENT SUPPORT SERVICES

- o Review and document on PD Tracking spreadsheet
- o Obtain Senior Director of Student Support Services' signature
- o Submit to Business Services Office

BUSINESS SERVICES

- o Review budget, nature of conference, and all necessary approvals have been obtained
- o Obtain CBO's signature
- o Create separate POs for registration, lodging, airfare, and employee reimbursement (expenses other than registration, lodging, and airfare) with copy of Travel Request/Reimbursement attached to each PO
- Send copy of Travel Request/Reimbursement form back to employee with copies of POs and registration/lodging/airfare confirmations

Documentation Required after the Conference (submit ASAP after returning from the Conference and prior to June 30):

EMPLOYEE

- Attach all original receipts to original Travel Request/Reimbursement form and sign bottom of form
- o Fill in "Actual Cost" column and submit to Main Office

MAIN OFFICE

- o Obtain Principal's signature
- o Submit to Business Services

BUSINESS SERVICES

o Process for reimbursement – could take up to a week depending on SCOE's payment schedule