Reimbursement Procedures

An Expense Reimbursement Form shall be completed within 10 days upon the employee's return to work and/or purchase. The Expense Reimbursement Form must be signed by the employee and their supervisor. The form must then be reviewed and signed by the Principal, Director or Coordinator in charge of the funding. Finally, Accounts Payable will process a check for Board approval.

When a receipt is required, the receipt must be the original dated receipt and must detail the costs incurred (i.e. sirloin steak dinner, coffee), and include the business name, address and phone.

Top Section

Complete name, home mailing address, dates of travel or purchase date, budget account number and the purpose of the authorized trip/purchase.

Middle Section

List only the expenses you incurred during the trip, which you have the required original itemized receipts. <u>Do not list any other employee's costs on this form or costs for which you do not have the required receipts.</u> <u>Do not list any expenses that the District has already reimbursed you for, or already paid for in your behalf (i.e. conference registration, hotel costs).</u> The costs are to be itemized by the day, with supporting receipts.

Date – Identify the date of the expense/purchase listed for each line on the expense report.

Mileage – If a personal vehicle was used, list the number of miles driven during this trip less any miles that were for personal entertainment. The mileage should be recorded on the date the trip began and the date of return. Mileage will be reimbursed at the rate of \$.39 per mile.

Transportation - Car rental, airline tickets, railroad tickets and shuttle or taxis to and from the airport/railroad station, meeting place or hotel will be reimbursed with proper receipts. Expenses incurred for sight-seeing, personal trips or entertainment will not be reimbursed.

Auto – Tolls and parking will be reimbursed with proper receipts. Gas will be reimbursed when purchased for rental vehicles.

Lodging – Requires a detailed hotel bill which shows the name and address of the hotel, dates of lodging and charges for each night. Employees are responsible for their own lodging unless you request a check to be issued by the District payable to the hotel or check-out a District MasterCard with a Purchase Order. All expenses incurred for spouses or companions, such as increased room fees, will be the responsibility of the employee, and will not be paid by the District. These charges, as well as any items or meals charged to the room must be paid by the employee at the time of checkout. Other reimbursable expenses included in the hotel bill require a written explanation.

Meals – Daily meal allotment amounts are as follows: breakfast \$10, lunch \$15, and dinner \$25. Unused meal allotment amounts cannot be combined or carried over. Exceptions are by prior approval by an administrator. If your conference/meeting provides these meals, for instance, if the breakfast and lunch are provided, then you are allowed \$25 for an evening meal. Actual amount incurred for each meal must be itemized. Do not divide the total meal cost by the number of people eating to get a cost per individual. Do not pay for meals of other employees. Meal tips are limited to 15% of the food bill and must be written on the meal receipt and included in the meal amount reported on the form. Alcoholic beverages will not be reimbursed. The District will not reimburse you for paying other guests meals.

Miscellaneous – Telephone calls related to District business will be reimbursed with an itemized receipt. Registration fees will be reimbursed with a copy of the registration form and evidence of payment. Please include explanations for any unusual circumstances (i.e. no hotel – stayed with family), and for other expected costs which are not included.

The employee, supervisor and principal must sign approving this claim.

Ineligible Expenses

The following examples are considered personal conveniences and will not be reimbursed by the District. This list in not intended to be all inclusive, but is a representation of the types of ineligible expenses. Final determination of the eligibility of any cost rests with the District.

Alcoholic Beverages Room Service
Candy/Snacks Movie Rentals
Personal Phone Calls Magazines
Travel Insurance Personal Toiletries



CLINTON COMMUNITY SCHOOL DISTRICT EXPENSE REIMBURSEMENT FORM

1401 12th Ave N., Clinton, IA 52732

Name						Period of Report			to		
Address						Date Submitted					
Budget C	ode										
Purpose	and/	or Place	of Reimbursement	Request							
<u>DATE</u>	MILEAGE		TRANSPORTATION (Air, Taxi, Car Rental Etc.)	AUTO (Gas, Tolls, Parking etc.)	LODGING	MEALS : Itemized Receipts Attached Allowable Limits (includes tax & 15% tip)		Misc.*	TOTAL		
						\$10 Breakfast	\$15 <u>Lunch</u>	\$25 <u>Dinner</u>			
		\$0.00								\$0.00	
		\$0.00								\$0.00	
		\$0.00								\$0.00	
		\$0.00								\$0.00	
		\$0.00								\$0.00	
		\$0.00								\$0.00	
		\$0.00								\$0.00	
		\$0.00								\$0.00	
		\$0.00								\$0.00	
		\$0.00								\$0.00	
TOTALS	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
			*Itemize Misc Ex	nancas Rali	ow (Sales Ta	v Non-Peim	hursahla)				
Employee Signature							Date				
Approved by							Date				
		I ackn	owledge that the infor	mation pro	vided on this	s form is acc	curate and	complet	e.		