

**JOHNSON CITY SCHOOLS
REQUEST FOR REIMBURSEMENT OF TRAVEL EXPENSES**

NAME _____ DATE _____

ADDRESS _____

WORK LOCATION: _____ DATE(S) OF TRAVEL _____

DESTINATION _____

CONFERENCE NAME _____

FUND SOURCE _____

Date	Travel From:	Travel To:	Mileage	Leave Time	Return Time

	Travel Card	To be Reimbursed
Travel (Airline, etc.)	\$ _____	\$ _____
Mileage _____ x \$.47/mile =	N/A	\$ _____
Lodging (Attach receipts)	\$ _____	\$ _____
Registration (Attach receipts)	N/A	\$ _____
Meals (for overnight travel)	N/A	\$ _____
Miscellaneous Expenses	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Signature of Claimant Date

Supervisor Review/Signature Date

School System Finance Officer Date

Instruction to Claimant:

1. Receipt must be attached for lodging, airline travel, registration or other expenses.
2. Rates must be in compliance with policy/regulation.

Breakfast \$14 – Lunch \$16 – Dinner \$30 = \$60 per day for overnight travel

Account
Code _____

Paid Check No. _____
Date _____
Code _____
By _____

**Johnson City Schools Comprehensive Travel Regulations
For Employees of the Johnson City School System**

- Request for reimbursement shall be made on system approved forms.
- All Professional Development must be approved on the “Request for Professional Development Activity” Form **before travel occurs**
- Reimbursement will only be for approved travel.
- Personnel may request reimbursement at the per meal amount. Reimbursement shall not be requested for any meals that are provided by the conference/vendor. Receipts are not required for this reimbursement. *Meals will not be reimbursed at actual cost. **Meals will not be reimbursed for local travel.**

Meals will be reimbursed for **overnight** travel at the following rates:

Breakfast	\$14
Lunch	\$16
Dinner	<u>\$30</u>
Total	\$60

- To determine allowances for **overnight** travel, the following shall be used:
 - Travel requiring departure before 7:00 a.m. will include breakfast allowance.
 - Travel ending after 5:00 p.m. will include dinner allowance.
 - Full per diem will include all three meals.
- Travel shall be reimbursed at 47 cents per mile. Receipts are required for common carrier travel and shall be at the most economical rate.
- Lodging shall be reimbursed at actual cost with copy of hotel receipt.
- Miscellaneous expenses including parking fees and other such expenses required by the travel or participation in the approved event shall be reimbursed. Receipts are required.
- Items not covered in travel reimbursement:
 - Personal phone calls
 - Meals for non-school personnel
 - Alcoholic beverages
 - Gambling debts
 - Personal entertainment tickets/costs
- Travel Cards: Travel cards are available to provide a safe and convenient means for paying pre-approved employee travel expenses and reduce the need for travel reimbursements. These cards will be available to checkout from the Finance Department.
 - Allowed uses: Travel cards may be used for hotel or other lodging payments, airfare (including baggage fees), parking and car rental. Registrations for conferences, classes, and seminars may be charged to a Procurement Card.
 - Prohibited uses: The Travel card is not to be used for food related expenses or fuel. Food will be reimbursed based on per diem and mileage will be reimbursed. Charging meals or fuel will result in the employee being required to reimburse the Johnson City School System for those expenses and can result in the suspension of travel card privileges. In addition, no personal expenses shall be charged to travel cards.
 - Prior to issuance of a travel card, a Request for Professional Development Activity form must be approved and a Cardholder Travel Card Agreement must be signed.
 - Receipts: Itemized receipts must be obtained for all charges on the travel card. Any charges not properly documented will be the responsibility of the employee.

*Board of Education Members and the Director of Schools may be reimbursed with actual receipts (receipts and per meal reimbursements may not be mixed on a single trip).

Request for Professional Development Activity

This form must be completed and approved for all Professional Development Activities

Employee Name: _____ Today's Date: _____

Position: _____ Work Location: _____

Type of Meeting/Meeting Description: _____

Meeting Dates: _____ Meeting Location: _____

Estimated Costs:

Travel \$ _____ Lodging \$ _____ Subsistence \$ _____ Registration \$ _____

Other \$ _____ Total \$ _____

Source of Funds/Account Code: _____

Please describe the meeting below, how it will impact your position and abilities, and how it is necessary to your job or Federal Award

*******NOTE: Attach a copy of the registration information, agenda and any other pertinent information to this request*******

Signature of Employee: _____

Immediate Supervisor Action: Approved _____ Denied _____ Signature _____ Date _____	Program Director Action (if required) Approved _____ Denied _____ Signature _____ Date _____
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Superintendent of Schools Action (if required) Approved _____ Denied _____ Signature _____ Date _____
