

**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 (Airline, etc.)	\$ _____
Mileage _____ x \$.47/mile =	\$ _____
Lodging (Attach receipts)	\$ _____
Registration (Attach receipts)	\$ _____
Meals (for overnight travel)	\$ _____
Miscellaneous Expenses	\$ _____
 Total Reimbursement	 \$ _____

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:
 - o Travel requiring departure before 7:00 a.m. will include breakfast allowance.
 - o Travel ending after 5:00 p.m. will include dinner allowance.
 - o 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:
 - o Personal phone calls
 - o Meals for non-school personnel
 - o Alcoholic beverages
 - o Gambling debts
 - o Personal entertainment tickets/costs

*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 _____
