



To complete this form electronically,  
it must be opened in *Adobe Reader!*

## Meal and/or Travel Statement and Miscellaneous Reimbursements

Name

Building

| Date          | Break | Lunch | Dinner | Motel | Miles | Location | Description (be specific) | Other Expense |
|---------------|-------|-------|--------|-------|-------|----------|---------------------------|---------------|
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
|               |       |       |        |       |       |          |                           |               |
| <b>TOTALS</b> |       |       |        |       |       |          |                           |               |

**PLEASE SUBMIT TO  
ACCOUNTS PAYABLE**

Miles Driven:  @ \$.575\*\* per mile =   
\*\*Current IRS Mileage Rate January 2020

Total Other Expenses (above) =

Total Reimbursement Claim =

|           |  |
|-----------|--|
| Account # |  |
| Account # |  |

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenditures incurred by me and that no payment has been received by me on account thereof.

Employee's Signature \_\_\_\_\_

Date

Supervisor's Signature \_\_\_\_\_

Date

All claims MUST BE COMPLETELY ITEMIZED AND ACCOMPANIED BY ORIGINAL RECEIPTS. Meals will be reimbursed for OUT OF DISTRICT meetings only. District travel instructions are on the reverse side of this form.

## Reimbursement for Travel Expenses

1. Employees required to use their personal vehicle for school business will be reimbursed for actual miles traveled utilizing the approved mileage rate\*.  
  
*\*Note: Mileage from home to work and from work to home cannot be reimbursed.*
2. Employees may use private vehicles for travel on district business when approved in advance by the Superintendent or his/her designee. Approval shall be based on:
  - a. Convenience of the employee such as leaving from home or conducting personal business in conjunction with a district business trip.
  - b. The established district mileage reimbursement rate will be based on the rate determined by the IRS.
3. Lodging shall be reimbursed at the single room rate. Additional charges for an employee's spouse, personal telephone calls and other unnecessary room charges shall not be claimed.
4. Meal expenses with an **original itemized receipt** will be reimbursed for the amount of the receipt. The meal charges need to align with the normal cost for the location of the activity. **Receipts must only include items eligible for district reimbursement.** Reasonable gratuities may be included.
5. Meals without an itemized receipt will be reimbursed up to the following amounts:

|           |         |
|-----------|---------|
| Breakfast | \$ 8.00 |
| Lunch     | \$ 8.00 |
| Dinner    | \$14.00 |
6. Meals that **are not** for an overnight stay are reimbursed as **Taxable Income**.
7. You must have an **original receipt** to be reimbursed for the expense of parking, local transportation, and other miscellaneous expenses.

## Reimbursement for Other Miscellaneous Expenses

If you have purchased school supplies for the district and you want to be reimbursed, you must have an **original itemized receipt**, showing the store's name and address where purchased, the items purchased, and the amount owing must reflect a zero balance or paid in full.