

# Guidelines for Employee Travel Reimbursements

All expense claims must be submitted to the district Accounting Dept.  
within ten (10) business days following completion of travel.

Claims submitted after ten (10) business days may not be eligible for reimbursement.

The following must be met before this form can be processed for reimbursement.

**Incomplete**

**forms will delay your reimbursement.**

- Please **print** or **type** (Do not use pencil.)
- Please enter your full name and complete home address (wherever you receive personal mail.) **ALL REIMBURSEMENTS ARE MAILED.**
- Attach (staple securely) all **ORIGINAL ITEMIZED receipts** to the back of this form.
- Employee and their Administrator must sign and date this form.
- Administrators submitting their own personal claim must sign as "employee" only.

## RECEIPT POLICY

- **ORIGINAL ITEMIZED** documentation/receipts from vendor must be attached.
- Bankcard receipts are acceptable if they are itemized, otherwise they will be used as proof of purchase only.
- Receipts should show only the charges to be reimbursed by the District.  
Please do not mix personal and district purchases on the same receipt.

## TRAVEL REIMBURSEMENT RATES and POLICY

- The per diem reimbursement rates for meals are as follows:

	Per Diem Rate*	Over Per Diem Rate With Itemized Receipt
<b>Breakfast</b>	\$8	up to \$12 with original itemized receipt
<b>Lunch</b>	\$9	up to \$14 with original itemized receipt
<b>Dinner</b>	\$14	up to \$22 with original itemized receipt

\*Per diem is the daily rate that can be claimed for a meal without a receipt.

**Gratuities can not be added to per diem rate meals.**

- **A maximum gratuity of 15% of meal cost may only be claimed on meals that are being submitted with itemized receipts.** The total reimbursement for non-per-diem rate meals can not exceed the ceiling amounts of \$12, \$14, and \$22 respectively.
- You must be on travel status by 6 a.m. to claim breakfast.
- You must be on travel status by 12 noon to 1 p.m. to claim lunch.
- You must be on travel status until 7 p.m. to claim dinner.
- Meal reimbursements for same day travel (no overnight stay) are taxable income.
- Hotel - Will be reimbursed for room cost, tax and parking only.
- Mileage is reimbursed at the current state rate.

## WHEN TO EXPECT PAYMENT

- Please allow at least 3 weeks for processing.

# EXPENSE VOUCHER for TRAVEL

Wenatchee School District #246  
235 Sunset Ave, Wenatchee, WA 98801

Pay to the order of: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

School/Location: \_\_\_\_\_

**ORIGINAL RECEIPTS REQUIRED** (Please do not use highlighter pens to mark receipts)

**TRAVEL** Date Left: \_\_\_\_\_ Date Returned: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Type of Transportation: \_\_\_\_\_

Personal Vehicle Mileage: \_\_\_\_\_ Miles @ \_\_\_\_\_ cents per mile = \$ \_\_\_\_\_

Names of other school personnel transported: \_\_\_\_\_

**REGISTRATION:** \_\_\_\_\_ \$ \_\_\_\_\_

**LODGING:** \_\_\_\_\_ \$ \_\_\_\_\_

**MEALS:** *Itemized receipts are not required for per diem amounts. Gratuities not allowable on per diem amounts.*

Gratuities can be claimed for over-per-diem-rate meals and should be included in the amount claimed.

**Original Itemized receipts required.**

Date	Breakfast	Lunch	Dinner	Amount
<b>Total</b>				

*Complete meal information for each day you are claiming.*

**Other Expenses:**

Airport Parking \$ \_\_\_\_\_

Garage Parking \$ \_\_\_\_\_

Cab Fare \$ \_\_\_\_\_

Misc: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Meals: \$ \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_

Less Advance Travel: \$ \_\_\_\_\_

**TOTAL DUE EMPLOYEE** \$ \_\_\_\_\_

**TOTAL DUE DISTRICT** \$ \_\_\_\_\_

Account Code: \_\_\_\_\_

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

Employee/Payee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Signature (Required for ASB Travel) \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date \_\_\_\_\_