

# Federal Programs & Curriculum Expense Voucher Guidelines

*Your supervisor must approve all travel expenses BEFORE travel occurs.*

BCISD Expense Voucher must be completed, signed by the employee, employee's Administrator/Supervisor, and submitted within 3 business days of travel. In order to receive reimbursement for expenses, this form along with workshop certificate, hotel folio, meal receipts, and any other receipts must be submitted.

## Meals:

### Day Only Travel (Non-Overnight stay)

All meal expenses are the responsibility of the employee. The school district will not pay or reimburse for these meals.

### Overnight Travel

While traveling, meal expenses are the responsibility of the employee. The school district will then reimburse the employee for approved meals based on the per diem meal rates shown below.

Itemized receipts must accompany the reimbursement form; meals will be reimbursed per what is stated on receipt, but no more than the amount noted for per diem rate, per meal. Taxes and Gratuity cannot be reimbursed.

Meals must meet the criteria below: (Not to exceed \$55/day)

- Breakfast (per diem \$13) Leave prior to 5:00 AM
- Lunch (per diem \$16) Leave prior to 11:00 AM
- Dinner (per diem \$26) Return after 7:00 PM

## Mileage:

A school vehicle must be used for travel if available. NO MILEAGE WILL BE PAID UNLESS A DENIAL FROM TRANSPORTATION IS ATTACHED – NO EXCEPTIONS. The school will reimburse school employees for approved use of a personal vehicle at the current mileage reimbursement rate as determined by the state comptroller's office, after travel has occurred.

Mileage .67 cents per mile; only after being denied a vehicle from Transportation Department-Attach Denial.

## Hotel:

Hotel rate per person per Federal periderm rate map, [www.gsa.gov](http://www.gsa.gov)

Reserve a hotel room on the hotel's direct website with your own credit card; one person will reserve one room only. Print out hotel confirmation and send it to the Federal Programs or Curriculum Department so we can cut your hotel check.

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### **Miscellaneous Fees:**

Fuel and parking fees will be paid directly by the school district if possible. If an employee incurs these costs and wishes to be reimbursed, a receipt must be provided. The school district will then reimburse for the approved expenses.

**No reimbursement for sales tax, tips, and gratuities.** Any questions about reimbursement for travel, contact the Business Office. Any exceptions to the guidelines above will have to be approved by the Superintendent or Director of Business prior to the trip.

\*\*\*These travel procedures do not apply to student travel (i.e. staff members accompanying students to extracurricular events). Student travel is paid by the school district.\*\*\*

\*\*\*These travel procedures are for State and Federally funded travel,\*\*\*

## Bay City Independent School District Federal Programs Expense Voucher

DATE \_\_\_\_\_

AMOUNT DUE \_\_\_\_\_

ID# \_\_\_\_\_ Name \_\_\_\_\_

Campus or Dept. \_\_\_\_\_

Purpose/Workshop \_\_\_\_\_

Destination \_\_\_\_\_

Date & Time Departing Bay City

Month	Day	Year	Time	AM/PM

Date & Time Returning Bay City

Month	Day	Year	Time	AM/PM

**Meals: (Record number of meals allowed for breakfast, lunch and dinner in the box. List the actual cost of each meal on the lines w/o tax, reimbursement will be cost or up to per diem rate. (No reimbursements for non-overnight meals))**

**All meal receipts MUST BE ITEMIZED in order to be reimbursed**

Breakfast <input style="width: 40px; height: 20px;" type="text"/> \$13 Max/day _____ _____ _____	Lunch <input style="width: 40px; height: 20px;" type="text"/> \$16 Max/day _____ _____ _____	Dinner <input style="width: 40px; height: 20px;" type="text"/> \$26 Max/day _____ _____ _____
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Other Expenses:

Hotel Expenses (attach original receipt) \_\_\_\_\_

Parking Fees (attach original receipt) \_\_\_\_\_

Other Expenses \_\_\_\_\_

Transportation: (Attach transportation denial to be reimbursed for mileage at .67 cents/mile.)

Miles  \_\_\_\_\_

Total Expenses \_\_\_\_\_

Less Advance \_\_\_\_\_

Amt./Bal. Due \_\_\_\_\_

**CHARGE TO ACCOUNT NUMBER** \_\_\_\_\_

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

Date: \_\_\_\_\_  
Supervisor or Principal

Date: \_\_\_\_\_  
Federal Programs Administrator

Date: \_\_\_\_\_  
Chief Financial Officer

**In order to receive reimbursement for the above expenses; this form along with workshop certificate, hotel follo, meal receipts, and any other receipts must be submitted within 3 business days of this travel. There will not be any reimbursements for non-overnight meals.**