

Expense Voucher Instructions-TITLE FUNDS

Expense vouchers should be given to the attendees of any workshops before they leave for the training.

Every blank possible should be filled out neatly and completely. There are 2 pages that should be given to the attendees and turned back in. The 2nd page is instructions.

If it is a group of attendees, the Date and Time **DEPARTING** and **RETURNING** should be the same.

Once the attendee has filled out the information on the expense voucher, the form will be given to the campus administrator to sign and date. The certificate from the workshop and hotel folio should be attached to this form as well. If you know the account number (**TITLE FUND**) that was given for the voucher (*will be the same as vehicle and registration for workshop*), please write that down on the form. If you do not know it, I will find it and write it down for you once sent over. Just let me know.

The receipts from the meals, hotel expenses, parking fees, and/or transportation **SHOULD BE ATTACHED** for business department purposes.

Once signed by an administrator, please send over to Federal Programs-Lisa Volkmer or Caitlin Brown.

We will then process the expense voucher for reimbursement, if required information is included on the form. A check will be sent directly to the employee.

Federal Programs 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.

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. 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 .56 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

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 Department so we can cut your hotel check.

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, local 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) YOU MUST HAVE RECEIPTS FOR ALL MEAL REIMBURSEMENTS

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 .56 cents/mile.)

Miles _____

Total Expenses _____

Less Advance _____

Amt./Bal. Due _____

CHARGE TO ACCOUNT NUMBER _____

Date: _____ Signature: _____

Date: _____

 Supervisor or Principal

Date: _____

 Chief Human Resource Officer/Federal Compliance Officer

Date: _____

 Chief Financial Officer

In order to receive reimbursement for the above expenses; this form along with workshop certificate, hotel folio, 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.