



SAUK PRAIRIE SCHOOL DISTRICT

EXPENSE / MILEAGE CLAIM FORM

To be attached to Skyward's Electronic Expense Reimbursement Request

Employee Name: _____

Directions:

- ◆ Fill out form completely and scan to attach to electronic request
- ◆ Process and submit through: Skyward Employee Access - Expense Reimbursement - Submit Request
 Process Directions: http://www.saukprairieschools.org/cms_files/resources/Expense%20Reimbursement.pdf
- ◆ Electronically attach all corresponding receipts in **PDF** format
- ◆ Employee signature: Electronic submission is signature
- ◆ Principal signature: Electronic approval is signature

*Note: Mileage rate calculates at the bottom of the sheet!

Date	Description: Itinerary / From-To / Item	# of Miles*	Lodging \$	Meals \$	Misc \$	Total
Total miles:			at rate of \$.545 per mile →			

Revised: 01/2018

Claimant's Statement

Total Reimbursement Claimed \$

EXPENSE CLAIM FORM INFORMATION

Know the rules before you travel because some expenses are authorized only if they are pre-approved.

To avoid having a claim rejected and delaying reimbursement, make sure all necessary information is included.

Expense / Mileage Claim Form is designed for both mileage claims and all other expense reimbursements. Claims should be submitted on a monthly basis. All claims must be submitted with sufficient time to process payment by the end of the fiscal year, June 30th.

DATE: Include each date that expenses were incurred.

DESCRIPTION: Identify purpose of trip. If space is not adequate, the explanation can be placed on a separate sheet as long as there is sufficient cross reference. In-district travel; record round trip and indicate From – To locations. List other items expected for reimbursement.

TRANSPORTATION: If personal vehicle was used, record actual miles traveled in the *Miles column*. If a school vehicle was used, there is no reimbursable claim for mileage; do not include this information. If public transportation was used, record cost under Misc column and include ticket stub. Taxi fares require a receipt, also recorded under Misc column. If you share a ride with another individual, indicate name of individual on the claim.

LODGING: Reimbursement is for single room rate. If you share a room with another employee, please indicate employee's name on the form.

MEALS: Maximum allowable: Breakfast - \$10.00; Lunch - \$12.00; Dinner - \$18.00. Receipts must be attached for all meals. If putting multiple employees tabs on one bill, please indicate their names on the form and have **one** employee pay the tab. We will reimburse that employee.

MISC: Record other reimbursable expenses; i.e. purchased materials, registration fee (must have receipt/cancelled check, front and back, meeting schedule), parking, telephone, and/or other expenses.

RECEIPTS: All expenses must be accompanied by itemized receipts unless dictated by contract language.

MILEAGE RATES: The Federal mileage rate is used. It is effect January 1st through December 31st.

TOTALS: Complete *Total miles* at the bottom of the *Miles column* then calculate to the right into the *Total column*. Calculate other columns, Lodging, Meals, and Misc to the right into the Total column. All expenses including mileage should be indicated in the line for Total Claimed for All Expenses. This is the amount expected for reimbursement.

ELECTRONIC SUBMISSION PROCESS ASSISTANCE:

http://www.saukprairieschools.org/cms_files/resources/Expense%20Reimbursement.pdf

BUDGET ACCOUNT CODES: Electronically indicate account(s) to be charged.

SIGNATURES: All signatures are electronic.

ADMINISTRATORS: Claim should be reviewed to ascertain it is complete and that costs conform to District Policy. Approved requests are then electronically forwarded to the Business Office for processing.