

## LAMPASAS INDEPENDENT SCHOOL DISTRICT

**OUT-OF-DISTRICT TRAVEL REIMBURSEMENT REQUEST**

Conference, training, or event schedule must be attached for consideration and payment.

Person Requesting Reimbursement \_\_\_\_\_

School/Department \_\_\_\_\_

Date \_\_\_\_\_

Send check to: \_\_\_\_\_ Home (address in Employee Access) \_\_\_\_\_ Direct Deposit (if payroll setup as DD, automatic)

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Name of Conference/Activity: \_\_\_\_\_

Location: \_\_\_\_\_ Depart Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

For multiple day travel, check one: \_\_\_\_\_ Overnight away from home \_\_\_\_\_ Commuting back and forth daily  
(each day needs depart times and return times)

Purpose: \_\_\_\_\_

DESCRIPTION OF EXPENDITURES (include meals, lodging, transportation, parking, registration, etc.)	AMOUNT PAID BY EMPLOYEE
Meals ( <i>provide event schedule</i> ): <i>Breakfast</i>	
<i>Lunch</i>	
<i>Dinner</i>	
Lodging ( <i>must provide receipt</i> ):	
Parking ( <i>must provide receipt</i> ):	
Incidental(s) – <i>Receipt required if available (Travel Procedures for more information)</i>	
Mileage: ( <i>MapQuest or Google Maps required</i> ) _____ miles @ .50 per mile	
Transportation by Public Conveyance ( <i>must provide receipt</i> ):	
SEE REVERSE FOR ASSISTANCE <b>TOTAL:</b>	\$ _____
Budget Code: _____	

I certify the actual costs listed above were made on official district business and are true and correct. I understand that if the actual costs are less than the per diem, I may only claim actual costs. Expenditures claimed may not exceed the district approved per diem rates. I understand that I must submit an accounting of my trip to the Business Office, including required receipts, within ten (10) days of the return date noted above.

Employee Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_

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

Finance approval: \_\_\_\_\_

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

Processed/Date: \_\_\_\_\_

By: \_\_\_\_\_

## GUIDELINES FOR OUT-OF-DISTRICT TRAVEL REIMBURSEMENT

The guidelines below are intended to assist the preparer and do not constitute the complete Board policy or Administrative Regulation related to travel expenses reimbursable by the District. It is the employee's responsibility to comply with Board Policy DEE (Local), Compensation and Benefits Expense Reimbursement and the District's Travel Procedures.

### **MEALS:** How to calculate meal allowance:

Eligibility: Must be Outside the District/City/County for six (6) hours or more and meals not provided at the event.

Per-Diem Rate: \$44.00 per day (non-overnight travel maximum per diem is \$36 per day)

Partial Per Diem: (When traveling for part of one day)

Dinner: 47% of per diem – leaving before or returning after 6:00 p.m. - \$21.00

Lunch: 30% of per diem – leaving before 11:00 a.m. and returning after 1:00 p.m.-\$13.00

Breakfast: 23% of per diem – leaving before or returning after 6:00 a.m. - \$10.00

*Receipts not required for meals (except when using Federal funds (Fund 2XX) to pay for travel. If using federal funds, receipts are required and the amount reimbursed will be the receipt amount not to exceed the per diem amount above.*

*Conference, training, event schedule must be provided with **Out of District Travel Reimbursement Form**. If required forms are not received, request will be returned. If the meal is provided at the event or the hotel, then no meal per diem will be paid to the employee.*

**LODGING:** *Receipts required for lodging. Amount may not exceed actual expense.*

**PARKING:** *Receipts required for parking (if no receipt available, please document on Travel Reimbursement Form). Amount may not exceed actual expense.*

**INCIDENTAL EXPENSES:** Limited to a total of \$5 per day without receipt(s). Amount may not exceed actual expense. Expenses for which a District employee is entitled to be reimbursed, if they incurred the expense for official District business reasons, including but not limited to:

1. Gasoline charges for motor vehicles rented or leased by the District (receipt required).
2. Toll charges if reimbursable under this policy for use of a personal vehicle (receipt recommended).
3. Facsimile and copy charges.
4. Freight or postage charges for District equipment or materials.
5. Service charges for loading and unloading District equipment.
6. Parking meter where no receipt is provided.

**MILEAGE:** The mileage rate is \$0.50. *(Mapquest or Google Maps documentation required)*

1. Reimbursement may not exceed the product of the number of miles traveled times the applicable mileage rate as allowed in the current State of Texas Travel Reimbursement Rates.
2. Miles are limited to the most cost-effective route.
3. Coordination of travel is required.

### **TRAVEL BY PUBLIC CONVEYANCE:**

Any transportation that is provided by a commercial transportation company. (receipt required if available).

**SPECIAL NOTE:** The rates given on this form are subject to change, based on the State of Texas Travel Reimbursement Rates. *(Lampasas ISD travel rates are currently lower than the state/federal guidelines, so all travel must follow the district guidelines.)*