

Travel Log for In-District Travel

**Spencer County Board of Education
207 West Main Street
Taylorsville, KY 40071
502-477-3250**

CODE: _____
Org **Object** **Project**

Date	Destination/Purpose/Student Name	Beginning Odometer	Ending Odometer	Total Miles

*Remove 03.125 AP.2
Replace with Page 2 of
03.125 AP.22.*

Total Miles: _____ @ \$.40 = \$ _____

Employee Name (Please Print): _____

Employee Address: _____

Employee Signature: _____

Supervisor Signature: _____

Review/Revised:7/27/2020

Travel Request Form

This form is to be used for employees who are requesting professional development, conference or overnight travel and for board members requesting conference or overnight travel.

NAME _____
 Board Member Employee Other, as specified _____
School/Work Site _____ Conference/Workshop _____
Date(s) _____ Departure Time _____ Return Time _____
Description of the PD Opportunity: _____

Remove/Replace

Does the PD relate to the goals and objectives of: (please circle)

- 1) Individual Growth Plan 2) School Improvement Plan 3) District Improvement Plan

Provide a brief explanation of how it relates to the goals, objectives, and or activities of the IGP, SIP or DIP:

Please indicate how this training will help you meet the needs of students and impact classroom instruction:

Expenses paid by: Individual Board Special Education KEA Co-op
 School Council Other, as specified _____

Substitute Needed? No Yes Number of Days _____

Registration Reimbursement Requested No Yes, Amount: _____

Estimated Mileage Total Miles: _____ Total Cost \$ _____

MapQuest is required to be submitted to document mileage. Mileage will be reimbursed at 40¢ per mile.

Lodging Reimbursement Requested No Yes

Amount per night _____ Regular Rate Business Rate Conference Rate

The District will not reimburse for lodging expenses for guests/traveling companions.

Meals Reimbursement Requested: No Yes Per diem rates: Breakfast \$9; Lunch \$14; Dinner \$23

Overnight stay is required for meal reimbursement. The per diem rates include customary tip/gratuity.

Receipts required for all expenditures except for meals which are paid on a per diem basis.

After Conference/Workshop, turn in expenses for registration, lodging, meals, and other related charges on a Travel Voucher Form (03.125 AP.22) and attach receipts, as appropriate, within one (1) week of travel.

Applicant's Signature

Date

Superintendent/Designee's Signature

Date

PO#: _____

Review/Revised 8/25/2014

New

PERSONNEL

03.125 AP.21

Travel Request Form

This form is to be used by an employee requesting approval of travel-related expenses while attending professional development, conference, or other overnight travel, and for a Board member for conference or overnight travel.

Employee Name _____ Account Code to be Charged _____
(required to process this form)

Role: ___ Employee ___ Board Member ___ Other (specify: _____) School/Work Site: _____

Name of Conference / Workshop / Competition (be specific) _____ Event Dates _____ Departure Time _____ Return Time _____

Description of PD Opportunity _____

Location of Event (be specific) _____ Will any other Board employee(s) be at this event? _____
Note: Each employee must complete his/her own travel request.

Travel pertains to goals and objectives of: (circle) 1) Individual Growth Plan 2) School Improvement Plan 3) District Improvement Plan 4) N/A

Explain relevance to IGP, SIP, or DIP: _____

Will you be traveling with students as a teacher/coach/sponsor/paraprofessional? ___ No ___ Yes
If Yes, and you will be requesting a Cash Advance, you must now complete the form in Procedure 03.125 AP.24.

Types of Expenses: Yes / No

_____ Substitute Teacher (number of days _____)

_____ Registration (cost \$ _____)

_____ Mileage (estimated total miles; MapQuest is required for documentation)

_____ Lodging (estimated cost per night for the Board employee only; amount per night \$ _____)

_____ Other (specify): _____

_____ Meals (Required: Event agenda; overnight stay; cannot exceed per diem rates, which include taxes and tips)

Receipts are required for all expenditures except meals, which are reimbursed on a per diem basis.

Expenses will be paid by:

Purchase Order #:

_____ School
_____ District
_____ Other: Specify _____

Employee _____ Date _____

Superintendent _____ Date _____

Within one (1) week of returning from the event, the employee must turn in all receipts for registration, lodging, and other related charges (attached to a Travel Expense Voucher form see Procedure 03.125 AP.22).

Standard Invoice for Travel Expense

Please complete all requested information to expedite your reimbursement.

Org _____ **Object** _____ **Project** _____
Name _____ Board Member Employee Itinerant Employee **Date Submitted** _____
Home Address _____ **City** _____, **State** _____ **ZIP** _____

DATE	TIME		LOCATION/PURPOSE	MILEAGE		OVERNIGHT		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	\$ Amount	Yes	No				
TOTALS											
GRAND TOTAL:											

Remove/replace

Overnight stay is required for meal reimbursement. Meals will be reimbursed at the per diem rate established by the Board.

Mileage will be reimbursed at 40¢ per mile. Please attach your Mapquest and all receipts for expense reimbursement. (meal receipts not required).

_____ *Employee's Signature* _____ *Date* _____ *Superintendent/Designee's Signature* _____ *Date*

Office use: # of Breakfast ____ @ \$ ____ # of Lunch ____ @ \$ ____ # of Dinner ____ @ \$ ____ Total Meals \$ ____

If claiming meals, a copy of your conference agenda MUST be attached to this form.

Review/Revised: 8/27/2018

PERSONNEL

New

TRAVEL EXPENSE VOUCHER

Spencer County Schools

SIDE 1 OF A
2-SIDED FORM

03.125 AP.22

Vendor #: _____

Name: _____

Address: _____

Overnight Travel
Employees MUST attach all receipts and the Travel Request Form (03.125 AP.21) to be reimbursed for travel expenses, which must be approved in advance.

C.O. FINANCE DEPT. USE ONLY	BUDGET ADMINISTRATOR INSERTS ACCOUNT CODE		
	ORG Code	Object	Project Code
\$		0580	
\$		0580	
\$		0338	

Date You LEFT	Time You LEFT	Location of Your Initial DEPARTURE	Location of Your Final ARRIVAL	Miles You Drove
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MEALS (only for days with approved overnight stay)			LODGING	MISC. EXPENSES (see below)
Meal Reimbursement Limits (Policy 03.125)			Show 1 day's lodging on each line	Show each item separately. Do not include Registration. Must comply with Travel Policy.
\$9	\$14	\$23		
Breakfast	Lunch	Dinner		

Daily Total	
Travel Expenses (excl. registration)	Registration ONLY
0580	0338

PLEASE LIST ONLY ONE DAY PER LINE

=	
=	
=	
=	
=	

TOTAL MILES DRIVEN (exclude mileage from opposite side)

miles (attach MapQuest)

MILEAGE REIMBURSEMENT RATE **X 40 ¢**

SUB-TOTAL OF EXPENSES (add all "Daily Total" amounts)

MILEAGE TO BE REIMBURSED (from this side of form only)

\$

MILEAGE TO BE REIMBURSED (from opposite side of form only)

\$	\$
+	
\$	
+	
\$	(A)
=	
\$	\$

TOTAL EXPENSES TO BE REIMBURSED (add amounts from above)

Explain "Misc. Expenses" (airfare, parking, cab, baggage, etc.):

EMPLOYEE'S STATEMENT REGARDING EXPENSES: I certify that this claim form is a correct statement of the amount due me from the Spencer County Board of Education for reimbursable expenses incurred in the discharge of official business.

Date Employee

Date Principal / Immediate Supervisor

Date Budget Administrator, if applicable

Date C.O. Finance Dept.

Date Superintendent

C.O. FINANCE DEPT. USE ONLY

New

MILEAGE LOG
Spencer County Schools

03.125 AP.22

SIDE 2 OF A 2
SIDED FORM

Use this form for trips with MILEAGE ONLY

DO NOT LIST THE SAME MILEAGE ON BOTH SIDES OF THIS FORM (see below)

Date	Travel From/To Purpose Student's Name	Odometer Reading		Miles You Drove
		Beginning	Ending	
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TOTAL MILES RECORDED ON THIS LOG (attach MapQuest)

MILEAGE REIMBURSEMENT RATE 40 ¢

MILEAGE TO BE REIMBURSED (copy to the opposite side of this form) \$ (A)

This side of the Travel Expense Voucher form is to be used for trips where the only travel expense reimbursement being claimed is for miles driven. If that is the case, record the mileage on this side of the form ONLY. After the end of the month, total this side of the form and multiply the total miles by the reimbursement rate per mile. Then copy the amount (A) to the other side of this form. Employees should submit reimbursement claims monthly.

If you are claiming reimbursement for mileage AND other expenses from the same trip, DO NOT USE THIS SIDE OF THE FORM FOR THAT TRIP. In that case, the reimbursement claim should be recorded only on the other side of this form. When completed properly, the other side of this form will provide all the information necessary to properly reimburse you. Travel receipts should be attached to the top right of the other side of this form.

New

Student Travel

When a student group needs to travel, the employee(s) traveling with the students should not be financially burdened by the high cost of such a trip.

STUDENTS TRAVELING WITH BOARD EMPLOYEE

A teacher, coach, sponsor, or paraprofessional (hereafter referred to as "Teacher/Coach") who is a Board-paid employee, is permitted to request advance approval to make out-of-pocket travel payments for students participating in an academic or athletic activity that requires an overnight stay. All travel policies and procedures must be followed. The Teacher/Coach may be reimbursed for paying a student's meal, including a tip of up to 18%, when a valid itemized receipt is presented upon return. A student's meal cannot exceed the meal limits in Board policy 03.125.

The Teacher/Coach cannot pay for another Board employee's meal; each Board employee (or volunteer) must obtain advance approval to participate in the trip and must file his/her own travel claim after the trip in order to be reimbursed. Likewise, a non-employee (chaperone, parent, or other approved escort) taking part in the trip shall pay for his/her own meals and other expenses.

DOCUMENTATION

The Teacher/Coach shall keep track of each itemized receipt, noting on the back which students were included in the receipt. **The Teacher/Coach must submit on the next day following return from the trip a completed travel voucher with all detailed, itemized receipts attached.** The Teacher/Coach must deliver the travel voucher and receipts directly to the District office.

INCIDENTAL EXPENSES

Incidental travel expenses (laundry fees, bus fares, etc.) not normally approved as employee travel expenses may be reimbursed if the expenses are approved in advance. A purchase order may be required prior to the trip for certain expenses (e.g., video recording of a tournament game).

CASH ADVANCE

In accordance with *Accounting Procedures for Kentucky School Activity Funds ("Redbook")*, a cash advance may be made if students are participating in a class trip or club outing. A cash advance may also be permitted for an academic or athletic event. **The cash advance can only be used to cover student meals and incidental expenses** as described above; it cannot be used to cover any employee expenses, including for the Teacher/Coach. The cash advance is limited to a **maximum of \$1,000** unless approved by the Superintendent/designee based on the circumstances.

The cash advance shall not be used to pay for significant trip expenses (hotel rooms, common carrier, commercial airfare, rental vehicle, registration, etc.), which can and should be paid by the school or district prior to the date of travel. The employee must make a request for these payments.

Notwithstanding the provisions in the Redbook, cash advances are made only at the district level; **no school shall make a cash advance.**

The Teacher/Coach needing a cash advance should make a cash advance request 30 days prior to travel, but no less than seven (7) calendar days prior to travel.

A Teacher/Coach requesting a cash advance shall sign an agreement (see separate 03.125 AP.24) that (a) the cash advance will be used only for stated purposes, and (b) excess funds and documentation for expenses will be returned to the District **on the next school day after returning from the trip.** The Teacher/Coach shall reimburse any unsubstantiated or excess payment from the cash advance.

New

Cash Advance Request / Reconciliation Form

Spencer County Schools

Employee Name Request Date Event Dates

Departure 2 Date Time

Return 3 Date Time

Account Code to be Charged (required to process) Account Description Location of Event (be specific) Purchase Order(s) for Incidentals

Administrative Procedure 03.125 AP.23 permits a cash advance if students are participating in a class trip, club outing, academic event, or athletic event that requires an overnight stay. The cash advance request must be made by a Board employee (teacher/coach/sponsor/paraprofessional). A cash advance can only be used to pay for student meals and incidental expenses. Each student meal, including tip, cannot exceed the per-meal limit in Board policy 03.125. The cash advance cannot be used to pay for any meal already included as part of the event. A cash advance can only be made at the district level; no school shall make a cash advance. The cash advance limit is a maximum of \$1,000 unless the Superintendent makes an exception.

COMPLETED BY EMPLOYEE AT TIME OF REQUEST

REQUEST Number of STUDENTS covered by this Cash Advance Request. Table with columns: Meals (anticipated), # of Days for Each Meal Type, Amount Per Meal, Amount Per Meal Type, Total. Includes sections for Incidentals (anticipated) and TOTAL STUDENT EXPENSES (anticipated).

Employee Certification: CASH ADVANCE REQUEST: \$ [] 1

By signing below, I certify that I have read and understood the applicable policies and procedures. I understand that: ---The cash advance may only be used for the stated purpose (meals and incidentals for STUDENTS only). ---I must collect and safeguard all receipts during the trip, and any unapproved ("inappropriate") expense and/or missing ("undocumented") expense will be considered unsubstantiated. I will be responsible for these amounts. ---One (1) day after my return (enter the date immediately following return:), I must: ** Work with my school's Bookkeeper to complete the Reconciliation (right side) of my copy of this form. ** Obtain signature of my Principal (or Budget Administrator, if this is grant-paid) on the Reconciliation side of this form. ** Personally bring this reconciled form, receipts, and excess funds (or a personal check) to the C.O. Finance Dept.

Employee Signature Date Principal / Budget Administrator Signature Date C.O. Finance Dept. Signature Date

- 1 Superintendent must approve a Cash Advance Request that exceeds \$1,000. 2 "Departure" means the Date/Time the trip begins in Taylorsville, Kentucky. 3 "Return" means the Date/Time the trip gets back to Taylorsville, Kentucky. 4 If this amount is negative, the employee must write a check to the Spencer County Board of Education. If this amount is positive, the employee is due travel funds. Attach a copy of this form to the travel claim.

Copy: Employee retains to reconcile after the trip || Original: C.O. Finance retains to reconcile after the trip

COMPLETED BY EMPLOYEE UPON RETURN FROM TRIP

RECONCILIATION C.O. Finance Dept. will verify reconciliation. Table with columns: Meals (expended), Total Per Meal Type, Total. Includes sections for Incidentals (expended) and TOTAL STUDENT EXPENSES (actual).

Review Notes: Less: Inappropriate Expenses: Less: Undocumented Expenses: Substantiated Expenses: CASH ADVANCE: Difference: 4

Employee Signature (final reconciliation) Date Principal / Budget Administrator Signature (final review) Date C.O. Finance Dept. Signature (final approval) Date

All receipts (and this form) must be attached to the Travel Expense Voucher (03.125 AP.22).