

## **TRAVEL REGULATIONS**

In recognition of its responsibility to provide Simpson County staff members with opportunities for professional growth, the following travel guidelines have been established.

1. Out-of-District travel **MUST** be requested in advance by completing the "Out-of-District Travel Authorization" form **PRIOR** to traveling. Failure to do so will result in denial of reimbursement.
2. **TRAVEL IS NOT APPROVED UNTIL EMPLOYEE RECEIVES CONFIRMATION OF APPROVAL VIA SUPERINTENDENT SIGNATURE.**
3. Once approved, this form will be returned to the employee requesting the travel.
4. After returning to the District, the employee will complete the bottom portion of the form labeled "Travel Expense Reimbursement Request." If Board Policy requires a receipt for reimbursement, the **ORIGINAL** receipt **MUST** be submitted with this form.
5. Once complete, the employee **MUST** return the **ORIGINAL** copy of this form with all required signatures to the Central Office for reimbursement.

When out-of-pocket expenses are incurred, reimbursement can be received within two (2) weeks or less if proper forms are used. The "Travel Expense Reimbursement Request" form must be turned in to the District office within thirty (30) days of returning from travel to be reimbursed. Travel expenses incurred during the month of June must be received by July 7. This applies to both in District and Out-of-District travel. **Expenses incurred for travel without prior approval by the Superintendent are the responsibility of the employee and not the school or District.**

### **Local or State Travel**

1. \*\$40.00/day meal allowance (including gratuities) on overnight trips where the employee leaves by 6:00 a.m. on day of travel and returns after 6:00 p.m. on day of travel.
2. \*\$20.00/half day meal allowance (including gratuities) on overnight trips where the employee leaves after 6:00 a.m. on day of travel and returns before 6:00 p.m. on day of travel.
3. **ALL** of out-of-pocket expenses (other than meals), **MUST** be substantiated by an **ORIGINAL RECEIPT**.
4. 43 cents (.43) /mile for travel
5. Allowance for one (1) phone call home per day on overnight trips up to a maximum of \$5.00/day.

**(Due to IRS requirements, there will be NO meal reimbursement on one (1)-day trips.)**

### **Out-of-State Travel**

1. \*\$45.00/day meal allowance (including gratuities) on overnight trips where the employee leaves by 6:00 a.m. on day of travel and returns after 6:00 p.m. on day of travel; maximum allowable expenditure \$60.00/day meal allowance (including gratuities) for high rate areas with prior approval by the Superintendent.
2. \*\$25.00/half day meal allowance (including gratuities) on overnight trips where the employee leaves after 6:00 a.m. on day of travel and returns before 6:00 p.m. on day of travel; maximum allowable expenditure \$35.00/day meal allowance (including gratuities) for high rate areas with prior approval by the Superintendent.
3. **ALL** of out-of-pocket expenses (other than meals), **MUST** be substantiated by an **ORIGINAL RECEIPT**.
4. All other local/state travel regulations noted above apply.

**In all transactions on behalf of the Board, conservatism should be the practice.**

**NOTE: The Simpson County Board of Education will not be responsible to reimburse for the following:**

1. Alcoholic beverages
2. Pay TV/Movies
3. See Board Policies 03.125 and 03.225 regarding "Allowable Expenses."

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.  
Complete ALL items on top half of form.  
Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

School/Work Site \_\_\_\_\_

Name of Meeting/Conference \_\_\_\_\_

Date(s) of Meeting/Conference \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Place of Meeting/Conference \_\_\_\_\_

Rationale for Attendance \_\_\_\_\_

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) \_\_\_\_\_

## Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.43 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_

Prior Superintendent Approval: \_\_\_\_\_

Required if Expenses are Paid by Grant Funds

\_\_\_\_ Approved \_\_\_\_ Not Approved...

Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

Date	# Miles	Charge @ \$.43	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
Reimbursement Due							

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

Coding

CFO Approval