

TEXAS CITY ISD

Training / Travel Procedures



- Meals
 - Reimbursed as a "per diem"
 - No receipts required
 - Funding source: 199 or 461
 - Receipts required
 - Funding source: Federal Grants
 - Overnight stay required
 - Alcohol is <u>NOT</u> allowable
 - Must certify statement indicating that all meal funds requested were expended during the authorized job related travel

- Meals
 - \$36 Daily
 - \$8 Breakfast
 - Depart before 6:00am or return after 6:00am
 - \$10 Lunch
 - Depart before 12:00pm or return after 12:00pm
 - \$18 Dinner
 - Depart before 6:00m or return after 6:00pm



- Lodging
 - Maximum rate = \$175 per person per night
 - Includes any taxes or fees
 - Itemized receipts are required for lodging
 - If lodging exceeds \$175 per person per night, only \$175 will be reimbursed



• Mileage

– TCISD Mileage Chart

• Primary source for mileage reimbursement

– MapQuest/Google Maps

 Used for locations not on TCISD Mileage Chart



- Other reimbursable expenses:
 - Receipts required
 - Parking
 - Toll fees
 - Taxi/Uber costs





To be completed by the employee requesting professional growth / travel

- Request for Travel
 - www.tcisd.org
 - Administration
 - Business Office
 - » Business Office Forms
 - » Request for Travel Form
- At least 10 business days prior to traveling, complete the *Request For Travel Form* in electronic format.



Name:	Campus	
Travel Date:	Return Date:	
Date(s) of events and meeting times (not including travel):	
Travel Destination:	Purpose of Trip:	
List of all attendants:		
Indicate how this event will support the	e current campus improvement plan:	
Account Coding:		

• Fill in <u>all</u> requested information



				RE	GISTRAT	ON		
Vendor:	Robotics E	Education F	oundation	Amount:			PO#	
Address:								
	1	1		1	Ĩ			

- Complete the vendor name, address, and amount.
- Checks will be mailed by default unless otherwise requested.

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• The PO# (Purchase Order Number) will be completed in a later step.

			ST	FUDENT MEALS	
Students (advand	ces permissible; receip	ots ree	quire	d within 7 days of travel date): PO#	
	Breakfast(s) @ \$7	S	4	(depart before 6:00am or return after 6:00am)	
	Lunch(es) @ \$7	S	- 2	(depart before 12:00pm or return after 12:00pm)	
	Dinner(s) @ \$7	S	12	(depart before 6:00pm or return after 6:00pm)	
		S	4		

- If traveling with students, enter the # of breakfasts, lunches, and/or dinners that will be provided.
- The amount to be advanced will be calculated.
- The PO# (Purchase Order #) will be completed in a later step.

• Submit Travel Form electronically to Campus Secretary for approval and entry.





Step 2: Post Travel Requests To be completed by the employee after attending training

Information	on Off	Reimbursement	
- Expense R	eimburse	ement	
Submit Requ	est		<u> </u>

- Choose "Expense Reimbursement".
 - Choose "Submit Request".



Home Employee T	Expense Off Reimbursement								
Submit Ree	quest 😭				l	🔽 👩 🏠 Fa	vorites 🔻 🐔 N	ew Window	/ 🖑 My Print Queu
Views: General 🗸 Filte	rs: ★Skyward Default ∨						T		Print
Reimbursement Req Number 🔺 Sts	Requisition/PO Requisition Number Sts	Date Entered	Expenses From	Expenses To	Reimburs Amount	Direct Bill Amount	Total Amount	Purpose	Submit
There are no records to dis	play; check your filter settings.								Request
									Add

• Click "Add"



Add Expense Reimbursement Request		Save
Reimbursement For	VANDEVER, III, JOHN C	Back
* Expenses From	08/10/2015 * To: 08/12/2015	
* Purpose for Reimbursement	TASN CONFERENCE MEALS, MILEAGE, LODGING	
Reimbursement payment option	ACH - Reimbursement payment made via AP ACH O ACH - Reimbursement payment made via AP paper check	
District Payment Reimbursement information		

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Actoriels (*) donatos a required field

Expenses From/To = Dates of Travel

- Purpose for Reimbursement: Enter details of reimbursement request.
- Reimbursement payment option. Select either:
 - "ACH" (Direct Deposit)
 - "Paper Check"
- Required Pre-verifier: Default "Julie-Ann Howard".

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• Click "Save".

Expense Reimbursement I	nformation					Subr	nit For proval	
Reimbursement F	or: VANDEVER, III, JOHN C		Edit Master			Sav	e and	
Expenses Fro	m: 08/10/2015 To: 08/12/2015	3 Days	Notes			Finis	h Later	
Purpose for Reimburseme	nt: TASN CONFERENCE MEALS, MILEAGE,	LODGING	Attachments					
Reimbursement payment opti	on: O ACH - Reimbursement payment mad	de via AP ACH						
Total Reimbursement Amou Required Pre-verifi pense Reimbursement Det	PAPER CHECK - Reimbursement pay nt: \$0.00 er: JULIE-ANN HOWARD ail Lines	ment made via AP paper check.						
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Step 2: Post Travel Requests - Meals

cpense Reimburseme	ent Request Detail M	aintenance				10	
xpense Reimbursement Inf	ormation						
Expenses From:	08/10/2015 To: 08/1	2/2015 3 Days					
Total Reimbursement Amount:	\$108.00						
dit Expense Reimburseme	nt Detail Line						Save
Line Number:	1	Receipt Attached		Direct Bill/Do	not Reimburs	e	Back
* Date:	08/10/2015 Monday	2 100000			un minimor Franklika		
* Reimbursement Type:	DAILY PER DIEM		DAILY				
Category:	Meals						
	THAT ALL MEAL PER DIEM FU AUTHORIZED JOB RELATED C	INDS WERE EXPENDED DURING THE CATEGORY.					
Quantity:	3						
Amount:	\$36.00	(Maximum allowed for this cod	e is \$36.00)				
Total Amount:	\$108.00						
* Description/Customer:	3 FULL DAYS 08/10/15, 08/11	/2015, 08/12/2015					
Detail Line Accounts	e	<u></u>			_,		
Account		Account Selection ?	β	Imount	Percent		
99 E 13 6411 00 001 0 99 052	- LOCAL MAINTENAN/STAFF D	EVELOPME/TRAVEL/EMPLOYEE/TEXA	1	108.00	100.00	More	20
		Total:		108.00	100.00		20

Step 2: Post Travel Requests - Meals

- Use your completed travel form to assist you with entering your reimbursement request.
- Date: Defaults to the first day of your trip.
- Reimbursement Type: Select from the drop down.





Step 2: Post Travel Request - Meals

• If selecting a meal, the following statement will populate:

Category:	Meals	
	BY SUBMITTING THIS REQUEST FOR REIMBURSEMENT, I CERTIFY THAT ALL MEAL PER DIEM FUNDS WERE EXPENDED DURING THE AUTHORIZED JOB RELATED CATEGORY.	< >

• Quantity: Enter the # of meals



Step 2: Post Travel Requests - Meals

- <u>Description/Customer</u>: Enter the information about the reimbursement including date.
- <u>Account</u>: Enter the account number provided by the Campus / Department Secretary on the *Travel Form* sent with the approval email.



xpense Reimburseme	nt Request I	Maintenance							10		-
Expense Reimbursement Info	ormation									Submit Appro	For
Reimbursement For:	VANDEVER, III, J	IOHN C				Edit Master				Save	and
Expenses From:	08/10/2015	To: 08/12/2015	3 Days		(Notes				Finish L	.ster
Purpose for Reimbursement:	TASN CONFEREN	CE MEALS, MILEAGE, LO	DGING		(Attachments					
Reimbursement payment option:	ACH - Reimbu PAPER CHECK	rsement payment made - Reimbursement payme	via AP ACH ent made v	l ia AP paper che	ck						
Required Pre-verifier:	JULIE-ANN HO	WARD	~					•			
xpense Reimbursement Detail	Lines										
/iews: General 🗸 Filters: *Sk	yward Default	V					T		9	₿ (Add
# Date Type	Descript	tion/Customer		Quantity	Amount	Total Amount C	R	D		T	Edit
1 08/10/2015 DAILY PE	R DIEM 3 FULL 08/12/3	DAYS 08/10/15, 08/11/2 2015	2015,	3.0000	36.0000	108.00 M				^	Delete
• If you r	need t	o add ar	noth	ner re	imbur	semen	t,			C	Clone
click "A	٨dd".									2	4Mass Ar Detail

Step 2: Post Travel Requests - Lodging

xpense Reimbursement Inf	ormation				
Expenses From: (08/10/2015 To: 08/12/2015	3 Days			
Total Reimbursement Amount:	\$278.00				
Add Expense Reimbursemer	nt Detail Line				Sa
Line Number:	2	Receipt Attached	Direct Bil	l/Do not Reimburse	Ba
* Date:	08/10/2015 Monday				
* Reimbursement Type:	LODGING	▼ LO	DGING		
Category:	Lodging				
	MAXIMUM ALLOWABLE HOTEL RATE	IS \$175 PER NIGHT.			
	HOTEL ROOMS.				
Quantity:	2				
Amount:	\$85.00	(Maximum allowed for this code is \$1	75.00)		
Total Amount:	\$170.00				
* Description/Customer:	LODGING 08/10/2015 AND 08/11/20:	15			
Detail Line Accounts					
Account		Account Selection ?	Amount	Percent	
99 E 13 6411 00 001 0 99 052 -	- LOCAL MAINTENAN/STAFF DEVELOP	ME/TRAVEL/EMPLOYEE/TE × 🔻	170.00	100.00 More	25
		Total:	170.00	100.00	

Step 2: Post Travel Request - Lodging

- <u>Reimbursement Type</u>: Select the reimbursement type from the drop down.
 - Check the "Receipt Attached" box.
 - <u>Quantity</u>: Enter the number of nights to be reimbursed.
 - <u>Amount</u>: Enter the reimbursement amount per night.
 - » Includes taxes



Step 2: Post Travel Requests - Lodging

- <u>Description / Customer</u>: Enter description of the requested reimbursement.
- <u>Account</u>: Enter the account number provided by the Campus / Department Secretary with the approval email.
- Click "Save".



Step 2: Post Travel Requests - Mileage

Labour	se <mark>R</mark> eimburse	ement Information	1						0,0	Submit Approv	For val
	Reimburs	ement For: VANDEV	/er, III, John C			Edit Master				Save a	and
	Expe	nses From: 08/10/2	To: 08/12/2015 3 Days		C	Notes			UE	Finish L	ater
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Total pense ews: G #	Reimbursemer Required F Reimbursem eneral V E Date	Type	R CHECK - Reimbursement payment made vi \$278.00 ANN HOWARD V Default V Description/Customer	Quantity	Amount	Total Amount C	T R				<u>A</u> d
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Step 2: Post Travel Requests - Mileage

xpense Reimbursement In	formation						
Expenses From:	08/10/2015	To: 08/12/2015	3 Davs				
Fotal Reimbursement Amount:	\$33	35.00					
dd Expense Reimburseme	ent Detail Line						Save
Line Number:	3		Receipt Attached		Direct Bill/Do not Reimburse		Back
* Date:	: 08/10/2015	🔍 Monday					
* Reimbursement Type:	MILEAGE	and state		▼ MILEAGE	1		
Category	: Other				<u>.</u>		
	DESIGNATED O	N THE TCISD MILEAG	SE CHART, MAPOLIEST OR				
	ANOTHER MAPP	PING WEBSITE SHOU	LD BE USED AND ATTACHED				
Quantity:	ANOTHER MAPP	PING WEBSITE SHOU	LD BE USED AND ATTACHED				
Quantity: Amount:	ANOTHER MAPF	PING WEBSITE SHOU	(Maximum allowed for this cod	le is \$0.57)			
Quantity: Amount: Total Amount: * Description/Customer:	ANOTHER MAPF 100 8 8 8 8 8 8 8 100	2ING WEBSITE SHOU 30.57 57.00	(Maximum allowed for this cod	le is \$0.57)			
Quantity: Amount: Total Amount: * Description/Customer: Detail Line Accounts	ANOTHER MAPP	PING WEBSITE SHOU 50.57 57.00 ILEAGE PER TCISD M	LD BE USED AND ATTACHED (Maximum allowed for this cod ILEAGE CHART	le is \$0.57)			
Quantity: Amount: Total Amount: * Description/Customer: Detail Line Accounts Account	ANOTHER MAPP	PING WEBSITE SHOU 50.57 57.00 ILEAGE PER TCISD M	LD BE USED AND ATTACHED (Maximum allowed for this cod ILEAGE CHART Account Selection [?]	le is \$0.57)	mount	Percent	
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Step 2: Post Travel Requests - Mileage

- <u>Reimbursement Type</u>: Select "Mileage" from the drop down box.
- <u>Quantity</u>: Enter the number of miles to be reimbursed.
 - Only mileage to and from destination is reimbursable.
 - Side trips are not reimbursable.
 - TCISD Mileage Chart or MapQuest
 - Must attach MapQuest documenting request.



Step 2: Post Travel Request - Mileage

- <u>Description / Customer</u>: Enter info about reimb request, including destination.
- <u>Account</u>: Enter account number provided by Campus / Department Secretary with trip approval.
- Click "Save".



Expe	nse Reimburser	nent Information	1							Submit	For
	Reimburse	ment For: VANDEV	/ER. III. JOHN C			Edit Master		-		Save a	and
	Expen	ses From: 08/10/2	2015 To: 08/12/2015 3 Day			Notes			E	inish L	ater
P	Purpose for Reimbu	ursement: TASN CO	DNFERENCE MEALS, MILEAGE, LODGING	-	0	Attachments					
Reim	bursement payme	nt option: O ACH	- Reimbursement payment made via AP ACI R CHECK - Reimbursement payment made	H via ΔP naner check							
Tot xpens	al Reimbursement Required Pri e Reimbursemen	t Amount: e-verifier: JULIE- nt Detail Lines	\$335.00								
Tot xpens /iews:	al Reimbursement Required Pr e Reimbursemen General V Filt	t Amount: e-verifier: JULIE- nt Detail Lines ters: *Skyward I	\$335.00 ANN HOWARD V				T		•	2	Add
Tot xpens /iews:	al Reimbursement Required Pro e Reimbursement General V Filt Date	t Amount: e-verifier: JULIE- nt Detail Lines ters: *Skyward I Type	\$335.00 ANN HOWARD V Default V Description/Customer	Quantity	Amount	Total Amount	T C R	D	•		<u>A</u> dd Edit
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Tot xpens /iews: # 1 1 2	al Reimbursement Required Pro e Reimbursemen General V Filt Date 08/10/2015 08/10/2015	t Amount: e-verifier: JULIE- nt Detail Lines ters: *Skyward I Type DAILY PER DIEM LODGING	\$335.00 ANN HOWARD V Default V Description/Customer 3 FULL DAYS 08/10/15, 08/11/2015, 08/12/2015 LODGING 08/10/2015 AND 08/11/2015	Quantity 3.0000 2.0000	Amount 36.0000 85.0000	Total Amount 108.00 170.00	T C R M _ Y	D			Add Edit Delete
Tot xpens /iews: # ▲ 1 2 3	al Reimbursement Required Pro- e Reimbursemen General V Filt Date 08/10/2015 08/10/2015 08/10/2015	t Amount: e-verifier: JULIE- nt Detail Lines ters: *Skyward I Type DAILY PER DIEM LODGING MILEAGE	\$335.00 ANN HOWARD V Default V Description/Customer 3 FULL DAYS 08/10/15, 08/11/2015, 08/12/2015 LODGING 08/10/2015 AND 08/11/2015 ROUND TRIP MILEAGE PER TCISD MILEAGE CHART	Quantity 3.0000 2.0000 100.0000	Amount 36.0000 85.0000 0.5700	Total Amount 108.00 170.00	T C R M L Y	D			<u>A</u> dd Edit Delete <u>C</u> lone

• Click "Submit for Approval".



Number 🔺 Sts	Number	Sts	Entered	From	To	Amount	Amount	Amount	Purpose	Entered By	1	Submit
0000000002 WFP			08/18/2015	08/10/2015	08/12/2015	335.00	0.00	335.00	TASN CONFERENCE MEALS, MILEAGE	VANDEVER, III, JOHN C		Request
											C	Add
											C	Edit
											0	Delete
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											0	Notes
												Attach
											L	Clone

- Attach any required receipts to the travel request:
 - Lodging
 - Taxi
 - Toll
 - MapQuest



Expense Reimt	bursement Request Attachments					
Available Attachments for Exp Reimbursement #000000002						View Attachment
Туре 🛦	Description	Entered By	Entered Date	Entered Tin		Add File
There are no rea	cords to display; check your filter setting	<i>75.</i>				Add Link
						Con Filly
					0	Edit
						Edit

• Click "Add File".



d Expense R	eimbursement Request Att	achment	Save
* Type:	Attachments	 Expense Reimbursement Request 	Back
Entered Date:	08/18/2015		
Entered Time:	1:23 PM		
Entered By:	JOHN C VANDEVER, III		
* Description:	Lodging Receipts		

- <u>Type</u>: Select "Attachments" from the drop down menu.
- <u>Description</u>: Enter description of what is contained in the attached file.
- Attached File: Select & upload file from PC
- Click "Save"



Step 4: Accounts Payable Processing

Step 4: Accounts Payable Process

- The Business Office will process checks on Tuesdays & Thursdays.
- Direct Deposits will be in employee accounts the day following the check-run.
- Paper Checks will be mailed the day following the check-run.
 - By default all checks will be mailed unless otherwise requested.



QUESTIONS?