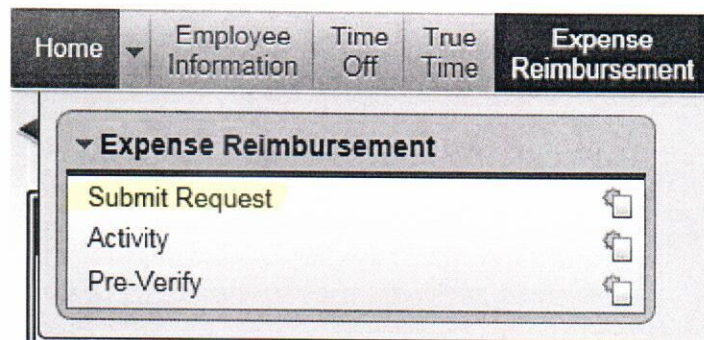


FROM "HOME", CLICK ON EMPLOYEE ACCESS

THEN CLICK EXPENSE REIMBURSEMENT



CLICK ON SUBMIT REQUEST

HomeEmployee InformationTime OffTrue TimeExpense Reimbursement

Submit Request

PrintNew WindowMy Print Queue

Views: GeneralFilters: \*Skyward Default

| Reimbursement Number                                         | Req Sts | Requisition/PO Number | Requisition Sts | Date Entered | Expenses From | Expenses To | Reimburs Amount | Direct Bill Amount | Total Amount | Purpose | Entered By |
|--------------------------------------------------------------|---------|-----------------------|-----------------|--------------|---------------|-------------|-----------------|--------------------|--------------|---------|------------|
| There are no records to display; check your filter settings. |         |                       |                 |              |               |             |                 |                    |              |         |            |

Add

Edit

Delete

View

Notes

Attach

Clone

CLICK ADD

Expense Reimbursement Request Maintenance - 05.16.10.00.09 - Internet Explorer

https://stingarees02.tcsid.org/scripts/wsisa.dll/WService=wsFin/factpedit003.w?isPopup=true

### Expense Reimbursement Request Maintenance

**Add Expense Reimbursement Request**

Reimbursement For: HOWARD, JULIE-ANN

\* Expenses From: 03/20/2017 \* To: 03/23/2017

\* Purpose for Reimbursement: TRAVEL REIMBURSEMENT FOR CONFERENCE

Reimbursement payment option: ☒ ACH - Reimbursement payment made via AP ACH  
☐ PAPER CHECK - Reimbursement payment made via AP paper check

District Payment Reimbursement information:

Asterisk (\*) denotes a required field

Save Back

100%

ENTER EXPENSE DATES

THEN REASON FOR REIMBURSEMENT

CLICK SAVE

Expense Reimbursement Request Maintenance - 05.16.10.00.09 - Internet Explorer

https://stingarees02.tcisd.org/scripts/wsa.dll/WService=wsFin/factpedit004.w

### Expense Reimbursement Request Maintenance

**Expense Reimbursement Information**

Reimbursement For: HOWARD, JULIE-ANN

Expenses From: 03/20/2017 To: 03/23/2017 4 Days

Purpose for Reimbursement: TRAVEL REIMBURSEMENT FOR CONFERENCE

Reimbursement payment option: ☒ ACH - Reimbursement payment made via AP ACH  
☐ PAPER CHECK - Reimbursement payment made via AP paper check

Total Reimbursement Amount: \$0.00

Required Pre-verifier:

Edit Master

Notes

Attachments

Save and Finish Later

**Expense Reimbursement Detail Lines**

Views: General Filters: \*Skyward Default

| #                                                            | Date | Type | Description/Customer | Quantity | Amount | Total Amount | C | R | D |
|--------------------------------------------------------------|------|------|----------------------|----------|--------|--------------|---|---|---|
| There are no records to display; check your filter settings. |      |      |                      |          |        |              |   |   |   |

Add

Edit

Delete

Clone

Mass Add Detail

100%

CLICK ADD

Expense Reimbursement Request Detail Maintenance - 05.16.10.00.09 - Internet Explorer

https://stingareed02.tcisd.org/scripts/wsisa.dll/WService=wsFin/factpedit005.w?isPopup=true

### Expense Reimbursement Request Detail Maintenance

**Expense Reimbursement Information**  
Expenses From: 03/20/2017 To: 03/23/2017 4 Days  
Total Reimbursement Amount: \$0.00

**Add Expense Reimbursement Detail Line**  
Line Number: 1 ☐ Receipt Attached ☐ Direct Bill/Do not Reimburse  
\* Date: 03/20/2017 Monday  
\* Reimbursement Type:   
Category: Other  
\* Quantity: 0  
\* Amount: \$0.00  
Total Amount: \$0.00  
\* Description/Customer:   
  
**Detail Line Accounts**  
\* Account Account Selection ? Amount Percent  
0.00 0.00 More  
Total: 0.00 0.00

Asterisk (\*) denotes a required field

javascript:displayEelList('vTypeDesc')

100%

THE DATE SHOULD BE FIRST DATE OF TRAVEL REIMBURSEMENT

THEN CHOOSE REIMBURSEMENT TYPE FROM THE DROP DOWN LIST



Expense Reimbursement Request Detail Maintenance - 05.16.10.00.09 - Internet Explorer

https://stingarees02.tcisd.org/scripts/wsisa.dll/WService=wsFin/factpedit005.w?isPopup=true

### Expense Reimbursement Request Detail Maintenance

**Expense Reimbursement Information**

Expenses From: 03/20/2017 To: 03/23/2017 4 Days

Total Reimbursement Amount: \$18.00

**Add Expense Reimbursement Detail Line**

Line Number: 1 ☐ Receipt Attached ☐ Direct Bill/Do not Reimburse

\* Date: 03/20/2017 Monday

\* Reimbursement Type: DINNER DINNER

Category: Meals

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

QUONIAM IT STAY REQUIRED

Quantity: 1

Amount: \$18.00 (Maximum allowed for this code is \$18.00)

Total Amount: \$18.00

\* Description/Customer: TRAVEL REIMBURSEMENT FOR CONFERENCE

**Detail Line Accounts**

| * Account                                                                            | Account Selection ? | Amount | Percent |
|--------------------------------------------------------------------------------------|---------------------|--------|---------|
| 199 E 41 6411 00 750 0 99 000 - LOCAL MAINTENAN/GENERAL ADMINIS/TRAVEL/EMPLOYEE/GENE |                     | 18.00  | 100.00  |
| Total:                                                                               |                     | 18.00  | 100.00  |

Asterisk (\*) denotes a required field

100%

EX. REIMBURSEMENT TYPE: DINNER

ENTER THE MEAL IN THE QUANTITY BOX AND SKYWARD WILL CALCULATE FOR YOU.

ENTER DESCRIPTION FOR REIMBURSEMENT

ENTER BUDGET ACCOUNT

CLICK SAVE

Expense Reimbursement Request Detail Maintenance - 05.16.10.00.09 - Internet Explorer

https://stingarees02.tcisd.org/scripts/wsisa.dll/WService=wsFin/factpedit005.w?isPopup=true

### Expense Reimbursement Request Detail Maintenance

**Expense Reimbursement Information**

Expenses From: 03/20/2017 To: 03/23/2017 4 Days  
 Total Reimbursement Amount: \$108.00

**Add Expense Reimbursement Detail Line**

Line Number: 1 ☐ Receipt Attached ☐ Direct Bill/Do not Reimburse  
 \* Date: 03/20/2017 Monday  
 \* Reimbursement Type: DAILY PER DIEM DAILY  
 Category: Meals  
 BY SUBMITTING THIS REQUEST FOR REIMBURSEMENT, I CERTIFY THAT ALL MEAL PER DIEM FUNDS WERE EXPENDED DURING THE AUTHORIZED JOB RELATED CATEGORY.  
 MEDICAL STAY REQUIRED  
 Quantity: 3  
 Amount: \$36.00 (Maximum allowed for this code is \$36.00)  
 Total Amount: \$108.00  
 \* Description/Custom: TRAVEL REIMBURSEMENT FOR CONFERENCE

**Detail Line Accounts**

| * Account                                                                            | Account Selection ? | Amount | Percent |
|--------------------------------------------------------------------------------------|---------------------|--------|---------|
| 199 E 41 6411 00 750 0 99 000 - LOCAL MAINTENAN/GENERAL ADMINIS/TRAVEL/EMPLOYEE/GENE |                     | 108.00 | 100.00  |
| Total:                                                                               |                     | 108.00 | 100.00  |

Asterisk (\*) denotes a required field

100%

EX. REIMBURSEMENT TYPE: DAILY PER DIEM

ENTER THE MEALS IN THE QUANTITY BOX AND SKYWARD WILL CALCULATE FOR YOU.

ENTER DESCRIPTION FOR REIMBURSEMENT

ENTER BUDGET ACCOUNT

CLICK SAVE



Expense Reimbursement Request Detail Maintenance - 05.16.10.00.09 - Internet Explorer

https://stingarees02.tcisd.org/scripts/wsisa.dll/WService=wsFin/factpedit005.w?isPopup=true

### Expense Reimbursement Request Detail Maintenance

**Expense Reimbursement Information**

Expenses From: 03/20/2017 To: 03/23/2017 4 Days

Total Reimbursement Amount: \$106.38

**Add Expense Reimbursement Detail Line**

Line Number: 1 ☐ Receipt Attached ☐ Direct Bill/Do not Reimburse

\* Date: 03/20/2017 Monday

\* Reimbursement Type: MILEAGE MILEAGE

Category: Other

Quantity: 197

Amount: \$0.54 (Maximum allowed for this code is \$0.54)

Total Amount: \$106.38

\* Description/Customer: TRAVEL REIMBURSEMENT FOR CONFERENCE

**Detail Line Accounts**

| * Account                                                                            | Account Selection ? | Amount | Percent |
|--------------------------------------------------------------------------------------|---------------------|--------|---------|
| 199 E 41 6411 00 750 0 99 000 - LOCAL MAINTENAN/GENERAL ADMINIS/TRAVEL/EMPLOYEE/GENE |                     | 106.38 | 100.00  |
| Total:                                                                               |                     | 106.38 | 100.00  |

Asterisk (\*) denotes a required field

100%

EX. REIMBURSEMENT TYPE: MILEAGE

ENTER THE MILES IN THE QUANTITY BOX AND SKYWARD WILL CALCULATE FOR YOU.

\*NOTE THAT SKYWARD ROUNDS THE MILEAGE RATE. (IT WILL CALCULATE .54 INSTEAD OF .535.)

ENTER DESCRIPTION FOR REIMBURSEMENT

ENTER BUDGET ACCOUNT

CLICK SAVE

Expense Reimbursement Request Maintenance - 05.16.10.00.09 - Internet Explorer

https://stingarees02.tcisd.org/scripts/wsisa.dll/WService=wsFin/factpedit004.w

### Expense Reimbursement Request Maintenance

**Expense Reimbursement Information**

Reimbursement For:

Expenses From:  To:  4 Days

Purpose for Reimbursement:

Reimbursement payment option: ☒ ACH - Reimbursement payment made via AP ACH  
☐ PAPER CHECK - Reimbursement payment made via AP paper check

Total Reimbursement Amount:

Required Pre-verifier:

Edit Master

Notes

Attachments

Submit For Approval

Save and Finish Later

**Expense Reimbursement Detail Lines**

Views:  Filters:

| # | Date       | Type           | Description/Customer                | Quantity | Amount  | Total Amount | C | R | D |
|---|------------|----------------|-------------------------------------|----------|---------|--------------|---|---|---|
| 1 | 03/20/2017 | DINNER         | TRAVEL REIMBURSEMENT FOR CONFERENCE | 1.0000   | 18.0000 | 18.00        | M |   |   |
| 2 | 03/20/2017 | DAILY PER DIEM | TRAVEL REIMBURSEMENT FOR CONFERENCE | 3.0000   | 36.0000 | 108.00       | M |   |   |
| 3 | 03/20/2017 | MILEAGE        | TRAVEL REIMBURSEMENT FOR CONFERENCE | 197.0000 | 0.5400  | 106.38       | O |   |   |

Add

Edit

Delete

Clone

Mass Add Detail

100%

CLICK SUBMIT FOR APPROVAL

\*FOR FEDERAL FUNDS, ATTACH YOUR RECEIPTS THEN SUBMIT.