

Out-of-Town Travel Request Process

Per Board Policy DEE(Regulation), "Complete the Out-of-Town Travel Request form. The request must be approved at least ten working days prior to the first day of travel."

1. Complete the Out-of-Town Travel Request Form (ALL EXPENSES MUST be listed, regardless of reimbursement amount)
 - a. Found at:
<https://resources.finalsite.net/images/v1528907236/springbranchisdcom/g4n7zbyzt2sfh9mqhdj3/OutofTownTravelRequest.pdf>
 - b. Complete the top portion, detailed date and time of travel.
 - c. Attach conference/clinic agenda.
 - d. *Registration*: include the amount of registration, DO NOT include any membership fees
 - e. *Lodging*: include the anticipated hotel charge, DO NOT include any taxes; if a bill will be split, or paid by another employee that you are sharing a room with, indicate with whom that will be.
 - f. *Rental*: must be an approved vendor, and use approved by the Athletic office
 - g. *Miles*: use *Out-of-District Mileage Chart* to fill in the number of miles
https://resources.finalsite.net/images/v1573661678/springbranchisdcom/jvoesuy2x4rhcd58abqg/Out_of_District_Mileage_Chart.pdf
 - h. If the location is not indicated on the mileage chart, attach a Google Map indicating route and mileage (from normal worksite to conference address). Show round-trip directions and mileage.
Reimbursement total is \$0.655 x miles (round trip)
*If carpool, estimate \$0.00 and indicate with whom you will be traveling.
*mileage allowance includes gas allowance (gas receipts reimbursed only for rental vehicle secured through district)
 - i. *Meals*: use the meals calculation worksheet below (will be required on reimbursement). List each day of travel, with the amount per meal. Notice departure prior to 7am required to receive breakfast reimbursement on that day, and return later than 6pm required for dinner reimbursement on return date. Use the total amount that is calculated in the bottom left worksheet to fill in the Meals anticipated expense.
**If a meal is included in the hotel or as part of the conference, use \$0.00 for that meal.

MEALS - BREAKDOWN (MEALS INCLUDE STATE TAX)

Meal amounts are \$10, \$15, and \$25 based on travel times of 7 am to 6 pm.

Date	B	L	D	Total
7/18		15	25	\$40.00
7/19	10	15	25	\$50.00
7/20	10			\$10.00
				\$0.00
				\$100.00

- j. *Misc*: self-parking only can be reimbursed, proof of payment will be required
 - k. *Person Preparing Form*: you need to sign and print name, scan, then email
 - l. Other blanks will be filled by our office.
2. Email completed Request to your Campus Athletic Secretary:
 3. Upon return, you will have 10 days to complete/submit:
 - a. Travel Reimbursement Form, with signature
 - b. Conference registration receipt
 - c. Proof of attendance (certificate)
 - d. Hotel receipt
 - e. Rental car invoice, and gas receipts for rental (if applicable)
 - f. Google map directions/mileage, if location not indicated on the mileage chart
 - g. Misc receipts (self-parking, baggage, and other qualifying expenses)
 4. Further questions, please reference the SBISD Board Policy DEE(Regulation) and DEE(Exhibit) _
<http://pol.tasb.org/Policy/Search/599?filter=employee%20travel%20reimbursement>