Example - One person, one meeting

Darlington County School District Out of District Travel - Pre-Authorization and Reconciliation Form

Date School/Office Reason for Travel	8-1 Sam Su	1-18 perin	Offi stent	ce Stat	e C	Conference	<u>. </u>	Destinatio	n (City & S	tate)	Colum	bia SC
		Dates		PRE-PAID EXPE	NSES - Per P	erson	INDIVIDUAL'S ELIGIBLE	REIMBURS	EMENTS			Grand Total
		Of Travel					Personal Vehicle - \$0.5					Grand Total
List	Vendor				1			Meals - AP		12 Dinner	Misc-Specify	Per Person
Person/s Attending	Number	Beginning	Ending	Registration	Hotel	Airfare/Other Transp	# Miles/\$	Breakfast #/\$	Lunch #/\$	#/\$		\$\$\$
Janie Doe	199991	8-10-18	8-10-18				146/\$79.57	_	-	_		79.57
				,								
	-											
	<u> </u>		Sub Total:				79.57		juni sa			79.57
				 1			to					Masa
Funding Account/s		\$ Amount/I							Gran	d Total of t	his Travel Request:	79.57
1) 100-000-332	-0001-00	79	57					•	()			
2)						Signature/Date	: Lan	ce 2	10	1		
				1.	Principal/C		11-5	041.	7	130		
3)				1 '		pervisor Signature/Date			MUND	S		
4)]	Fund Ma	nager Signature/s /Date	: 1)			2)		

7/1/2018

When travel is complete all persons approved to be reimbursed should receive a copy of both front and back of this form. They will complete the Individual Travel Reimbursement Request on the back of this form and return to Fund Manager/Principal/Supervisor for review and approval.

All reimbursements are required to be turned in to the Office of Finance within 30 days after travel has been completed.

Sample - Complete when return

Individual Travel Reimbursement Request Form

To be completed by the Individual within 30 days after Travel is Complete

Date: Name: School/Departi	8-11-18 Japie (Doe ample C)ffice	Vendor #:	9999	/			
Beginning Trav Ending Travel:	el:	Date: 8-/	10-18	•	ual Time: ual Time:	7:15 Am 5:10 pm			
Personal Vehic	le - Allowed Mileage:	146	miles @ \$0).545 per mile		\$ 79.57			
Meals:	Dates of Travel:								
Breakfast Lunch Dinner Totals						\$			
See	eal Per Diem: e AP Manual Page 12 Limitations	In State: Out of State:	Breakfast \$8.00 \$10.00	Lunch \$10.00 \$14.00	Dinner \$17.00 \$21.00				
Miscellaneous	Reimbursement Requ	est (original receipts	/documentation	on required):					
Lodging (itemiz Taxi, Parking Fe	nclude a copy of registr zed original hotel/lodgi ees, Tolls, Gas for Renta not cover above and is Specify:	ng portfolio showing al Car (Original receip	\$0 balance) ots)			\$ \$ \$ \$			
Account #:	100-000-3	32-0001-0	<u>0</u>	Total R	Reimbursement D	ue: \$79.57			
I certify that the above is true and correct. Employee Signature Date Reimbursement Approved: Principal/Supervisor									
		Fund Manager	1						

All original receipts/documentation required should be stapled to this form. If mileage and meals are the only reimbursement no additional documentation is required and only this sheet should be submitted.

Example - multiple people to same conference

Darlington County School District Out of District Travel - Pre-Authorization and Reconciliation Form

Dates Of Travel PRE-PAID EXPENSES - Per Person INDIVIDUAL'S ELIGIBLE REIMBURSEMENTS Grand Total	Date School/Office Reason for Travel	15-18 lice of D SCSL Con	restruction (Danple		Destination (City & S	itate) <u>Mangel</u>	may 5C
Personal Vehicle - \$0.545/mile		Dates	PRE-PAID EXPENSES - Per Pe	rson	INDIVIDUAL'S ELIGIBLE	REIMBURSEMENTS	0	Grand Total
Person/s Attending		A constitution of the cons			Control of the Contro			Grand Total
Person/s Attending Number Beginning Ending Registration Hotel Airfare/Other Transp # Miles/\$ #/\$ #/\$ #/\$ \$\$\$ Gare Noe 08014 9-1-18 93-18 \$100 8590	List Vendor			-				Per Person
Mattie Dorent 91999 9-1-18 9-3-18 \$100 8590 — 2/16 2/20 1/10 238.90 Dor Dor 51200 9-1-18 9-3-18 \$100 8590 — 2/16 2/20 1/10 342.45 Clice Doe 86710 9-1-18 9-3-18 \$100 8590 — 2/16 2/20 1/10 238.90	Person/s Attending Number	Beginning Ending		Airfare/Other Transp	A 100 CONTRACTOR (100 CONTRACT	#/\$ #/\$	#/\$	
Mattie Doren 91999 9-1-18 9.3-18 \$100 8590 — 2/16 2/20 1/17 238.90 Dor Dor 51200 9-1-18 9-3-18 \$100 8590 — 2/16 2/20 1/17 342.45 Clice Doe 86710 9-1-18 9-3-18 \$100 8590 — 2/16 2/20 1/17 238.90	Jane Wol 08014	9-1-18 93-18	\$100 8590		192/104.64	2/160 2/200	1/1700	343.54
Don Don 51200 9-1-18 9-3-18 \$100 8590 190/103.55 2/16 2/20 1/17 342.45 Click Doe 86710 9-1-18 9-3-18 \$100 8590 - 2/16 2/20 1/17 238.90	7/		\$ 100 8590		<i></i>	2/16 2/20	1/1700	238.90
alice Doe 86710 9-1-18 9-3-18 \$100 8590			\$100 8590		190/103.55	2/160 2/200	i/17°°	342.45
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		\$100 8590			2/160 2/200	1/1700	238.90
Assertion 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	uu -		\$ 50 8590		192/104.64	2/160 2/200	1/17	293.54
	7500				, ,	. '	1	
				: F * 0		-		
Sub Total: 450 429.50 4312.83 480 400 85 1457.33	-	Sub Total	\$450 \$429.50	3	\$312.83	480 100	\$85	1457.33
,/202			7	4	. 070			./
Turiding Accounty's		(feet- / / / / /)				Gran	d Total of this Travel Requ	est: 1457.33
1) /00-000-332-0000-00, 4/5000	1) /00-000-332-0000-0	6, 450=						
1) /00-000-332-0000-00 450 = 2) /00-000-332-0022-00 7007. 33 Signature/Date: Signature/Date:	21/11/1-1000-332-1022-00	1007. 33		Signature/Date:	: - Jan	e Doc		
110		,	Principal/Sup		11	· VV	1. (
	~		1				2)	· · · · · · · · · · · · · · · · · · ·
4) Fund Manager Signature/s / Date: 1) 1 Phr. 1) blue 2)	4)		Fund Man	ager Signature/s /Date:	1) 1/20.1)	uc	2)	

7/1/2018

When travel is complete all persons approved to be reimbursed should receive a copy of both front and back of this form. They will complete the Individual Travel Reimbursement Request on the back of this form and return to Fund Manager/Principal/Supervisor for review and approval.

All reimbursements are required to be turned in to the Office of Finance within 30 days after travel has been completed.

Example - after conference each person gets copy (F/B) of this approved form and they complete back for reimbursement Individual Translation

Individual Travel Reimbursement Request Form

To be completed by the Individual within 30 days after Travel is Complete

Date:									
	9'-	5-18		_				,	
Name:	Ja	ne I)oe			Vendor #:	08014		
School/Depa	rtment:	0ff	ice ot	FIR	struct	ion E	Kample		
Beginning Tr Ending Trave			Date:		1-18, 3-18		ctual Time: ctual Time:		7:30 AM 3:30 pm
Personal Veh	nicle - Allowed	Mileage:		192	<u></u> miles @ \$0	.545 per mile	e	\$	104.64
Meals:	Dates of Tr	avel:							
	9/1/18	9/2/18	9/3/18						
Breakfast		8.00	8.00					100	
Lunch	10.00		10.00					200	
Dinner	27.00	8.00	18.00	194	1 12			\$	53.00
Totals	27.00	8.00	178.00	EF-H	the bottom of			2	03.00
S	Meal Per Diem: See AP Manual I or Limitations	Page 12	In Stat	te: f State:	Breakfast \$8.00 \$10.00	Lunch \$10.00 \$14.00	Dinner \$17.00 \$31.00		
Miscellaneo	us Reimbursei	ment Reque	est (original			Marine Anny Marine & ex-	\$21.00		
Registration Lodging (iten Taxi, Parking	us Reimburser (include a cop nized original l Fees, Tolls, Ga us not cover al Specify:	y of registra hotel/lodgir as for Renta	ation form w ng portfolio nd Car (Origin	receipts, vith origin showing s aal receip	/documentational receipt) \$0 balance)	Marine Anny Marine & ex-		\$ \$	
Registration Lodging (iten Taxi, Parking Miscellaneou	(include a cop nized original l Fees, Tolls, Ga us not cover ab	y of registra hotel/lodgin as for Renta pove and is	ation form w ng portfolio : Il Car (Origin a pre-autho	receipts, vith origing showing to nal receiptrized rein	/documentational receipt) \$0 balance) its) mbursement	on required):		\$	57.64
Registration Lodging (iten Taxi, Parking Miscellaneou Account	(include a cop nized original I Fees, Tolls, Ga is not cover al Specify:	y of registra hotel/lodgin as for Renta bove and is	ation form wing portfolio sil Car (Origin a pre-autho	receipts, vith origins showing shal receiptrized rein	/documentational receipt) \$0 balance) its) mbursement	Total		\$	57.64

Example - ONe person, multiple trips for same meeting.

Darlington County School District Out of District Travel - Pre-Authorization and Reconciliation Form

Date School/Office Reason for Travel	8-1 0-ff	ice of Tate	Cya	inple	le			Destinatio	n (City & S	tate)	Colum	bia SC
F	T	Dates Of Travel		PRE-PAID EXPE	ENSES - Per P	Person	INDIVIDUAL'S ELIGIBLE Personal Vehicle - \$0.5 Approx Miles			12	Misc-Specify	Grand Total Grand Total Per Person
List Person/s Attending	Vendor Number	Beginning	Ending	Registration	Hotel	Airfare/Other Transp	# Miles/\$	Breakfast #/\$	Lunch #/\$	Dinner #/\$	Wilst-Specify	\$\$\$
Jane Doe Jane Doe	71111		8-30-18	T			156 /4 85.02 156 /8 85.02		10.00			95.02 95.02
Jane Doe	71111	3-30-19	3-30-19				156/\$85.02		10.00			95.02
Jane Doe	7/11	6-1-19	6-1-19				156/485.02	-	10.00			95.02
			Sub Total:				340.08		40.00			380.08
Funding Account/s		\$ Amount/F					70.00			d Total of t	his Travel Request:	
1) 100 - 999 - 332	-0000-99	380.	08,			Signatura/Data		0	$\left(\right)_{\mathcal{M}}$,		
3)				f F	Principal/Su	Signature/Date pervisor Signature/Date		ln 1	Ore	_		
4)					Fund Ma	nager Signature/s /Date	: 1)			2)		

7/1/2018

When travel is complete all persons approved to be reimbursed should receive a copy of both front and back of this form. They will complete the Individual Travel Reimbursement Request on the back of this form and return to Fund Manager/Principal/Supervisor for review and approval.

All reimbursements are required to be turned in to the Office of Finance within 30 days after travel has been completed.

Example - after each trip Copy and complete back of form for reimbursement.

Individual Travel Reimbursement Request Form

To be completed by the Individual within 30 days after Travel is Complete

		- \					
Date:	4-2-18						
Name:	Jane I)6e		Vendor #:	71111		
School/Depa	artment:	Efice of	Exam	ple			
Beginning Tr	ravel:	Date: 8-3	0-18	Ad	ctual Time:	8	:00 Am
Ending Trave	el:	Date: 8-3	0-18	Ad	ctual Time:	5	:15 pm
Personal Vel	nicle - Allowed Mileage:	151	_miles @ \$0.	545 per mile	e	\$ (92.30
Meals:	Dates of Travel:						
Breakfast	8-30-18						
Lunch	10.00						
Dinner	10.00						
Totals		1 2	4			\$	10.00
Miscellaneo	Meal Per Diem: See AP Manual Page 12 for Limitations us Reimbursement Reque	In State: Out of State: est (original receipts/d		Lunch \$10.00 \$14.00	Dinner \$17.00 \$21.00	\$	
Taxi, Parking	nized original hotel/lodgir Fees, Tolls, Gas for Renta us not cover above and is Specify:	l Car (Original receipts)				\$ \$	
Account	#: <u>//// - 999</u>	-332-0000	1-99	Total	Reimbursement Du	e:	92.30
I certify that	the above is true and cor	Employee	Signature	- Du	Date \(\)	_	
Reimbursem	ent Approved:	Principal/Supervisor Fund Manager		odn	- Woe		
All origi	nal receipts/documentation	on required should be stall documentation is rec					eimbursement