"Educational property" means any public school building or bus, public school campus, grounds, recreational area, athletic field, or other property owned, used or operated by any local school board, school, or director for the administrator of any public educational institution or during a school-related activity; provided, however, that the term "educational property: shall not include any sixteenth section school land or lien land on which is not located a public school building, public school campus, public school recreational area or public school athletic field. Employees in violation of these policies will be subject to disciplinary action, including possible termination of employment. (For additional information refer to MPSD Board Policy GBRM)

TRAVEL AUTHORIZATION/REIMBURSEMENT

1. MPSD – Pre-Authorization Voucher and Leave Request Form must be completed
2. Required Documentation:
   Registration Form
   Lodging Confirmation
   Plane information
3. If driving out of state, MapQuest can be used to determine round trip mileage.
4. Meals allowance listed on MS Dept. of Finance and Administration website.
5. Meal reimbursement applies for overnight travel only.
6. To obtain reimbursement, the packet must be returned to CO – Accounts Payable.

Require documentation:
Approved Packet with all attachments
Hotel Receipt
Baggage/Parking Receipts

HARASSMENT

This school district affirms employees protection provided under Title VII, and therefore "shall not tolerate verbal or physical conduct by any employee, male or female, which harasses, disrupts, or interferes with another's work performance or which creates an intimidating, offensive, or hostile work environment. (For additional information refer to MPSD Board Policy GAEA)

NEWS MEDIA CONTACT

Contact with radio, television, or newspaper should be made with the permission of the administration according to the established guidelines. The building level administrator and public relations director should be notified. No student may have contact with the media during the school day without approval of the administrator or parents' permission. No employee should speak on behalf of MPSD without expressed permission of the Superintendent or designee.

FOR ADVANCE REQUESTS, VOUCHER MUST BE SUBMITTED 4-5 WEEKS PRIOR TO TRAVEL DATE OR EARLIER BASED ON CONFERENCE REGISTRATION DEADLINES. *If no advance is required, you must submit voucher to your immediate supervisor, at least ten (10) days prior to travel.*

THIS SECTION MUST BE COMPLETED

$_____ Budgeted Amount
$_____ Uncommitted
$_____ This Requisition
$_____ Balance

Budget Number(s) REQUIRED - voucher will be returned unprocessed if you fail to furnish budget number(s)

_____
_____

MERIDIAN PUBLIC SCHOOL DISTRICT

Pre-Authorization Voucher

(for school related travel - other than student activity and personnel in-district travel)

Reimbursement for travel expense requires pre-authorization by the immediate supervisor and superintendent. Unauthorized travel will be at the expense of the individual. ***RETAIN ALL RECEIPTS (EXCEPT MEALS) FOR USE IN COMPLETING SECTION 4 OF THIS FORM.*** Failure to complete Section 2 based on anticipated expenses may result in attendance at the employee's expense.

YOU MUST RETAIN THE ORIGINAL COPY OF THIS VOUCHER WITH SIGNATURES OF APPROVAL TO SUBMIT FOR REIMBURSEMENT. After travel, complete Section 4 (on back). Receipts for amounts prepaid or paid at time of trip must accompany voucher for reimbursement to be made. **Meal allowance will be considered only when traveling overnight.** ***NOTE: ADVANCES WILL ONLY BE MADE FOR REGISTRATION EXPENSES OF $50 OR MORE.***

SECTION 1

Name_____ School_____

Department _____ Date(s) of Meeting/Conference _____

Date (s) to be Absent from Work _____ Number of day(s) to be Absent from Work _____

Name of Conference/Meeting _____

Location of Conference (City/State)_____

Statement of Purpose of Meeting/Conference _____

SECTION 2 (MUST BE COMPLETED WHEN INITIAL REQUEST FOR EXPENSES IS MADE)

AMOUNT REQUESTED

CONFERENCE REGISTRATION FEE -- Advance Request (fees of $50 or more only) [ ] YES [ ] NO $_____

TRANSPORTATION - Advance Request (for out-of-state only) [ ] YES [ ] NO ..... $_____

[ ] Auto _____ miles [ ] Plane/Train [ ] Taxi/Shuttle/Parking..... $_____
(reimbursed after travel)

LODGING _____ night(s) @ $_____/night - Advance Request [ ] YES [ ] NO. $_____
(Hotel check will be issued for total stay. You will be responsible for any first night charge to your credit card and for having those charges reversed from your credit card.)

MEAL ALLOWANCE FOR OVERNIGHT TRAVEL ONLY - _____ night(s) [ ] YES [ ] NO $_____
(advance request for out-of-state only)

When driving automobile for out-of-state travel you may be advanced either the MILEAGE (if over $100) OR THE MEAL ALLOWANCE (if over $100). The other will be reimbursed AFTER you travel. Check which one you are requesting an advance for. If you fail to make a choice, the MEAL ALLOWANCE (if over $100) will be advanced.

ALL ADVANCE PAYMENTS REQUIRE AN ADVANCE REQUEST FORM (ONE PER REQUEST)

TOTAL ANTICIPATED TRIP EXPENSE .....$ _____

_____ _____
Employee Signature Date

By signing, you agree that if changes to travel for your personal convenience cause additional cost, reimbursements due to you will be forfeited.

_____ _____ [ ] Approved [ ] Disapproved
Principal/Administrator Date

_____ _____ [ ] Approved [ ] Disapproved
Budget Administrator Date

_____ _____ [ ] Approved [ ] Disapproved
Superintendent Date

DISTRICT USE ONLY

Amount Advanced/Conference Fee $_____ CK/PO#_____ Date _____
Amount Advanced/Transportation $_____ CK/PO#_____ Date _____
Amount Advanced/Lodging $_____ CK/PO#_____ Date _____
Amount Advanced/Meals $_____ CK/PO#_____ Date _____

FORM: 015 (Revised July 2013)

DISTRICT USE ONLY

Audited by_____ Date_____ Vendor # _____

Account # _____ Amount charged $_____

ACTUAL TRAVEL REIMBURSEMENT VOUCHER

After returning from your trip, complete Section 4, listing actual expenses. Receipts for amounts paid (other than meals) must accompany voucher. Failure to attach receipts will result in non-payment of expenses by the district.

SECTION 4 - COMPLETE ALL 9 LINE ITEMS (DOLLAR AMOUNT OR Ø)

FAILURE TO COMPLETE THIS SECTION WILL RESULT IN VOUCHER BEING RETURNED WITHOUT PROCESSING

1__**Budget Number(s)**_____

2__**Date(s) of Travel** _____ **to**_____

3__**TRANSPORTATION:** [ ] Auto _____ miles @ _____ per mile .....$_____

[ ] Plane/Train (receipts required).....$_____

[ ] Taxi/Shuttle/Parking (receipts required) .....$_____

4__**LODGING:** Number of night(s) _____ @ $ _____ per night.....$ _____
(receipt(s) must be attached even if lodging is prepaid.)

IF YOU SHARED A ROOM - YOU STILL NEED A COPY OF RECEIPT

5__**MEAL ALLOWANCE:** _____ nights $_____ per night .....$_____
(no receipts required - maximum reimbursement must follow State Department of Finance & Administration guidelines)

6__**REGISTRATION FEE:** (attach receipt or copy of paid check) .....$_____

7__**SUB TOTAL:** (all totals - lines 3-6).....$_____

8__**LESS ANY MONIES ADVANCED BY DISTRICT:** (lines 3-6 or Ø).....$_____

9__**TOTAL OF REIMBURSEMENT DUE YOU .....$** _____
(IF Ø PUT Ø)

I certify that the above is a true and correct statement of actual expenses incurred by me for travel as approved for official school business.

Signature of Employee _____ Date _____

By signing, you agree that if changes to travel for your personal convenience cause additional cost, reimbursements due to you will be forfeited.

DO NOT REMOVE ANY ATTACHMENTS

PENALTY FOR FRAUDULENT CLAIM: Fine of not more than $250; civilly liable for full amount received illegally; removal from office or position held (Section 25-1-81 and 25-1-91, MS Code Ann. [1972].)

CONFERENCE/WORKSHOP REQUEST PROCEDURES FOR MERIDIAN PUBLIC SCHOOL DISTRICT

1. If requesting Title funds, the employee must do the following before travel:
    a. Complete a professional leave form.
    b. Complete a Meridian Public School District Travel Voucher.
    c. Complete a Conference/Workshop Description Form (pg. 2 of this packet).
    d. Attach a preliminary agenda and description of conference/workshop (i.e. flyer)

2. Get immediate supervisor's signature for approval

3. Send to Federal Programs Office for Director's signature (our office will forward to the business office).

4. If approved, all documents will be sent for School Board approval. Following Board approval, the employee will receive a copy of the approved leave request. If the request is not approved, all forms will be returned to employee's immediate supervisor/principal and the principal/supervisor shall notify the employee.

5. To receive reimbursement for travel, the employee must submit the following forms to the business office by the 29th of each month:
    a. Travel Voucher
    b. Copy of Conference/Workshop Agenda
    c. Copy of Board Approved Leave Request
6. Upon return, you must complete the entire back of the pink travel voucher, attach hotel receipt, sign, date and return to Accounts Payable at Central Office.

Meridian Public School District
Conference/Workshop Description Form

This form must be completed and returned to the Federal Programs Office before travel is approved by the Director.

Employee Name: _____ School: _____

Name of Workshop/Conference: _____

Date of Conference: _____

1. What is the reason that you wish to attend this workshop/conference? What is the purpose of the conference? _____

_____

_____

2. How will this workshop/conference benefit you and the students in the district? How will this conference/workshop increase student performance? _____

_____

_____

_____

3. How will you disseminate the information you acquire from this workshop/conference to other staff members in the district? _____

_____

_____

_____

_____

_____ _____

Administrator's Signature of Approval **Date**

Meridian Public School District
Conference/Workshop Summary Form

This form must be completed and returned to the Federal Programs Office upon employee's return.

Employee Name: _____ School: _____

Name of Workshop/Conference: _____

Date of Conference: _____

1. Sessions you attended with summary of each: _____

_____

_____

_____

2. How will you be able to use information/strategies gained from this experience?
_____

_____

_____

_____

3. Would you recommend this conference to a colleague? _____

_____

_____ **_____**
Administrator's Signature of Approval **Date**

Request for Advanced Travel Fees

Note: Requests should be over $100 to be considered for advance. Meals & mileage are not advanced. Plane tickets can be charged at Aladdin or Corrigan ONLY if a voucher, signed by Superintendent, is presented to them.

Person requesting: _____

Date of request: _____

Payable to: _____

Mailing address: _____

_____

_____

Mail to vendor: _____ **OR** Return to you: _____

Amount: _____

Budget code: _____

Deadline date: _____

Special instructions: _____

_____

_____

Please attach the following documents:

1. Approved/signed travel voucher
2. Registration forms (for registration fees)
3. Confirmation number/notice for hotel

C/O USE ONLY:
Check no. issued _____

_____ _____
Issued by Verified

_____
Approved by

Request for Advanced Travel Fees

Note: Requests should be over $100 to be considered for advance. Meals & mileage are not advanced. Plane tickets can be charged at Aladdin or Corrigan ONLY if a voucher, signed by Superintendent, is presented to them.

Person requesting: _____

Date of request: _____

Payable to: _____

Mailing address: _____

_____

_____

Mail to vendor: _____ **OR** Return to you: _____

Amount: _____

Budget code: _____

Deadline date: _____

Special instructions: _____

_____

_____

Please attach the following documents:

1. Approved/signed travel voucher
2. Registration forms (for registration fees)
3. Confirmation number/notice for hotel

C/O USE ONLY:
Check no. issued _____

_____ _____
Issued by Verified

_____
Approved by