

Ann Arbor Public Schools
Request and Claim for Reimbursement
 Off-site Conference and/or Workshop

Name: _____ Position: _____
 Building: _____ Phone: _____
 Conference: _____
 Location: _____ Dates: _____
 Total Hour Attended: _____

Expense Information

Estimated Expenses

Actual Expenses

See Reverse side for procedures and rate of reimbursements

			Office Use Only
Transportation	\$ _____	\$ _____	
Lodging (1 nights)	\$ _____	\$ _____	
Meals	\$ _____	\$ _____	
Registration	\$ _____	\$ _____	
Other	\$ _____	\$ _____	
Total Expenses	\$ _____	\$ _____	
Expenses paid by PO/Pcard:	\$ _____	\$ _____	
Reimbursement Approved	\$ _____	\$ _____	

Please submit this form to immediate Supervisor and Department providing funding (if different).

Application Approval

Reimbursement Approval

Claimant			
	Date		Date
Principal/Supervisor			
	Date		Date
Budget Manager			
	Date		Date
Account Code			

Director of Finance Approval for Payments _____

Ann Arbor Public Schools
Procedures and Rate of Reimbursement

Transportation: Coach/Economy It is recommended that transportation be paid through a purchase order (PO).
 Air/Train/Rental Car If claimant is to be reimbursed for transportation, an actual receipt and boarding pass (if applicable), must be attached.

For own car mileage Show miles x IRS rate = Total

Lodging: It is recommended that lodging be paid through a PO. If claimant is to be reimbursed for lodging, an actual receipt must be attached.

Meals: At the discretion of the Department providing funding: Food and 15% tip is included in the per diem rates. No receipt required – reimbursement will be as follows:

<u>Meals Allowable</u>	<u>Leave Before</u>	<u>Return After</u>	<u>Reimbursement Amount</u>
Breakfast	7:00 am	8:00 am	\$6.00
Lunch	11:30 am	1:00 pm	\$9.00
Dinner	5:30 am	6:30 pm	\$20.00

Maximum reimbursement per day: \$35.00

Note: Meals included in conference workshop cost can not be claimed as a per diem expense. The maximum reimbursement is prorated for partial travel days.

Registration: It is recommended that registration be paid through a PO. If claimant is to be reimbursed for registration, attach a copy of the registration form, receipt or cancelled check.

Other: Business calls/faxes Attach actual receipt.
 Attach actual receipt.
 Attach actual receipt and charge to applicable account code.
 Maximum reimbursement \$3.00/full (overnight) day.

Total Expenses: Subtotal the above categories.

Expenses paid by PO: The Department or supervisor providing funding must list items that will be paid by PO and include the PO number on the front of the form or attach copy of PO.

Reimbursement Approved: This is the amount due back to the individual claimant. It represents the “Total Expenses” line less “Expenses paid by a PO” line.

This form should be completed for ALL Off-site Conference or Workshops, requiring reimbursement. (Off-site= not in an AAPS building and/or sponsored by AAPS.)

Prior to travel, the conference workshop must be approved by the employee’s immediate supervisor and Department providing funding (if different).

Michigan Sales tax will NOT be reimbursed. (Tax exempt ID included on PO.)

Exclude expenditures for family members.

The account code to charge for conference/workshops is xx.xxxx.3220.xxxx.xxxx.xxxx.xxxx, except for materials (books, etc.) purchased at the conference.