

## **Travel Claim Reimbursement Instructions rev. 01/07/2025**

The revised Travel Claim Reimbursement form is available under the Employees → Forms → Operating forms section of the South Bend Community School Corporation website. The "Print" button allows for quick print in the top right-hand corner of the form, and the "Clear Form" button allows a form reset. The revised version has automatic calculations for all total and net expense fields.

**Purpose:** The Travel Claim Form is to document and reimburse travel and other miscellaneous business expenses paid by the employee for travel on official South Bend Community School Corporation business. Reimbursement in certain instances may be limited by contractual restrictions found in some grants, availability of funds, or by principals or department directors. This form should be completed as soon as possible and submitted to the Accounts Payable department for processing.

**Heading:** All applicable sections must be completed to be processed. Receipts are to include the detail of the item/services purchased and the payment method. Original and itemized receipts must be included for amounts requested to be reimbursed. Photocopies will not be accepted.

Do not include expenses or receipts for transactions paid using the P-Card.

**Registration:** Registration fees will be reimbursed if receipts are provided. Personal memberships will not be reimbursed, even if they are a part of the registration fee.

**Conferences:** If travel was to a conference, the conference agenda, itinerary, or schedule must be included.

**Permission to Travel:** An approved "Request for Permission to Travel Form" is required for all official South Bend Community School Corporation travel.

**Meals:** Breakfast will be reimbursed when travel is required to begin before 6:30 am. Dinner will be allowed when the return time of travel is after 6:30 pm. There will be no reimbursement for alcoholic beverages or room service charges. For meals, include the business-related purpose and persons attending in the description box as noted on the travel claim form. Tips on meals may not exceed 20%.

**Mileage:** Mileage will be reimbursed at the approved IRS rate. As of this date, at \$0.70. If extra mileage is claimed, provide a detailed explanation as to why.

**Lodging:** Only room, tax, and telephone instrument charges are reimbursable for lodging expenses. Only the single room rate is reimbursable when an employee shares a room with a spouse or non-SBCSC person.



# TRAVEL CLAIM FORM

## SOUTH BEND COMMUNITY SCHOOL CORPORATION

For Prior Approved Conferences, Seminars and Workshops

**(Attach Copy of Request for Permission to Travel Form)**

Print

Clear Form

Employee Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Employee ID# \_\_\_\_\_

Conference: \_\_\_\_\_  
 Destination: \_\_\_\_\_  
 Departure Date: \_\_\_\_\_  
 Return Date: \_\_\_\_\_

**REGISTRATION** (attach original receipts & copy of itinerary/agenda)

\$ \_\_\_\_\_

**TRAVEL EXPENSE** (attach original receipts)

Transportation (airfare or rental car) \$ \_\_\_\_\_  
 Lodging (hotel) \$ \_\_\_\_\_  
 Fares (taxi, bus, Uber, or Lyft) \$ \_\_\_\_\_  
 Internet \$ \_\_\_\_\_  
 Parking \$ \_\_\_\_\_

**TOTAL TRAVEL EXPENSE**

\$ 0.00

**OTHER** (attach original receipts; list vendor name & description/purpose of items)

\_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_

**MILEAGE**

DATE	FROM	TO	ROUND TRIP MILES
TOTAL MILES			0

.70 per mile \$ 0.00

----- MEALS -----

DATE	BKFST	LUNCH	DINNER	DESCRIPTION	Total
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00

Total Meals \$ 0.00

**TOTAL REIMBURSEMENT** \$ 0.00

<p><b>APPROVAL</b></p> <p>_____          Immediate Supervisor Signature Date</p> <p>_____          Budget Authority Signature Date</p>	<p><b>BUDGET CODE(S)</b> _____</p> <p><b>AMOUNT</b> _____</p> <p>_____</p> <p>\$ 0.00</p>
<p>Pursuant to the provisions and penalties of Chapter 155, Acts of 1953</p> <p>I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.</p> <p>_____          Claimant's Signature Date</p>	