

RSU #63

- a. **NEPN/NSBA Code:** DKC
- b. **Title:** Reimbursement for Authorized RSU #63 Expenses
- c. **Author:** Policy Committee
- d. **Replaces Policy:**
- e. **Date Approved:** 09/23/2019 RSU 63
- f. **Previously Approved:** 01/22/2018
- g. **Policy Expiration:** Review as Needed
- h. **Responsible for Review:** Superintendent, Business Manager, & Policy Committee
- i. **Date Reviewed:** 08/13/2019 Superintendent
08/26/2019 Policy Committee
08/13/2019 Business Manager
- j. **References:** Policy GCFB-E-Administrative Staff Contracts
RSU #63 Conference & Workshop Request Form
- k. **Narrative:**

In accordance with the professional performance of assigned/delegated duties and responsibilities, district personnel may incur various business-related expenses that involve activities both inside and outside RSU #63 (the District). It is the intention of the RSU #63 Board of Directors (the Board) to provide reimbursement for such documented expenses when duly approved, recorded, reported, and submitted in accordance with procedures.

- I. Expenses for reimbursement will be recorded on an RSU #63 Mileage Reimbursement Log and/or the Travel/Conference Expense Reimbursement Form (see attached).
- II. Mileage Reimbursement Logs and Travel/Conference Expense Reimbursement Forms must be reviewed and approved for payment by both the Business Manager and Superintendent.
- III. Requested reimbursable expenses associated in conjunction with attendance at professional conferences, workshops, etc. must be pre-approved by the Superintendent through the RSU #63 Conference and Workshop Request Form.
- IV. When required to attend overnight conferences, the District will reimburse for meals not included with the conference up to the following amounts (State of Maine Per Diem Rates for Meals and Incidental Expenses, October 1, 2017):
Breakfast = \$11.00, Lunch = \$12, Dinner = \$23.00.
The District will **NOT** reimburse employees for taxes, tips, or alcoholic beverages. Original itemized receipts are required.
- V. Whenever possible, staff are encouraged to use an RSU #63 vehicle for cost efficiency. Staff may also be required to carpool.

- VI.** Incomplete Mileage Reimbursement Logs and/or Travel/Conference Expense Reimbursement Forms and those with missing documentation will not be approved for payment. Original itemized receipts, certificate of attendance or another proof of attendance, and a printed map or itinerary showing mileage being requested must be attached to the Travel/Conference Expense Reimbursement Form.
- VII.** Mileage will be reimbursed at the current federal reimbursement rate.
- VIII.** Mileage Reimbursement Logs and/or Travel/Conference Expense Reimbursement Forms will be turned in to the Business Office no less often than December 1 and July 10 for all requested reimbursement up to, but not beyond, June 30th of the designated fiscal year.

RSU #63 TRAVEL/CONFERENCE EXPENSE REIMBURSEMENT FORM

**** Please attach: (1) original itemized receipts, (2) a copy of the certificate of attendance or another proof of attendance, and (3) a printed map showing any miles being requested for reimbursement.**

Employee Name _____ P.O. # _____

Date(s) of Travel _____

Purpose(s) of Travel _____

EXPENSES

| Date | Meals | Lodging | Amount |
|------|-------|---------|--------|
| | | | |
| | | | |
| | | | |

Total Amount \$ _____

MILEAGE

| Date | Destination From | Destination To | Purpose | Miles |
|------|------------------|----------------|---------|-------|
| | | | | |
| | | | | |
| | | | | |

Total Miles @ 0.58 \$ _____

TOTAL REIMBURSEMENT: \$ _____

I certify that I have performed the above travel and/or conference expenses on behalf of RSU #63. If asking for mileage reimbursement, I certify that I used my personal vehicle and that I will not be reimbursed for such expenses from any other source.

Employee's Signature: _____ Date: _____

I certify that the above expenses were performed on behalf of RSU #63 with my knowledge and approval.

Principal's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

Business Manager's Signature: _____ Date: _____