

**ATTACH PRIOR APPROVAL FORM TO
THE EXPENSE REIMBURSEMENT FORM**

(Complete, sign and return this form to the business office within 10 business days of event)

Address: _____

Month/Yr: _____

Claims for reimbursement must be signed by the employee. *Meal reimbursement is taxable if there is no overnight stay.
Employees must meet the three hour rule as defined by Policy 6213 and be in travel status prior to 6:30 to be eligible for breakfast, during the entire noon hour to claim lunch and after 6:30 to claim the dinner meal.
The employee must submit receipts for meals, lodging, business expenses and for any taxi or purchased transportation expenses.
The employee may vary the suggested meal rates as needed, but should not exceed the daily rate of \$86, inclusive of tips **not to exceed 20% (≤ 20)**.
The employee can only claim mileage if use of their personal vehicle was approved by the District.
The mileage rate is seventy cents per mile (\$0.70) as of 01/01/2025.

Employee Signature: _____	Date: _____	Notes: _____ _____
<i>Supervisor Certification: I hereby certify the above employee completed travel in the conduct of the business of the Aberdeen School District. I have also verified the account codes for reimbursement are correct, and a legal use of funds as outlined in Policy/Procedure 6213.</i>		
Supervisor Signature: _____	Date: _____	** Please note per Procedure 6213 -" Any travel expenses that are submitted within 30 days of the date of return will not be held against the employee unless special circumstances warrant the delay.

**** Please note per Procedure 6213 -" Any travel expenses that are not submitted within 30 days of the date of return will not be honored unless special circumstances warrant the delay.**