

## TRAVEL CLAIM FORM INSTRUCTIONS

This Travel Claim Form is used to request reimbursement for travel and other business expenses paid by the employee for official South Bend Community School Corporation business.

This form should be completed as soon as possible and submitted to the Accounts Payable department for processing.

All applicable sections must be completed to be processed.

- **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 *Leave or Travel Request Form* is required for all official South Bend Community School Corporation travel. Must be approved and signed prior to travel.
- **Meals/Drinks/Snacks:**
  - GSA Per Diem rates must be followed. Current rates can be found at: <https://www.gsa.gov/travel/plan-book/per-diem-rates>
  - 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.
  - If more than one SBCSC employee is on the receipt, list the name of each person on that receipt.
  - Tips on meals may not exceed 20% (pre or post tax).
  - Detailed receipts, that include the items ordered, must be provided.
- **Mileage:** Mileage will be reimbursed at the approved IRS rate. Found here: <https://www.irs.gov/tax-professionals/standard-mileage-rates>. If extra mileage is claimed, provide a detailed explanation as to why.
- **Lodging:**
  - GSA Per Diem rates must be followed. Current rates can be found at: <https://www.gsa.gov/travel/plan-book/per-diem-rates>
  - Only room, tax, and telephone instrument charges are reimbursable for lodging expenses.
  - Room service will not be covered / reimbursed by SBCSC.
  - Only the standard, single room rate is reimbursable when an employee shares a room with a spouse or non-SBCSC person.

**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 a **SBCSC credit card ("P-Card")** on this form. Receipts for items purchased with a P Card will still need to be supplied during monthly credit card reconciliation.

Reimbursement, in certain instances, may be limited by: contractual restrictions found in some grants, availability of funds, by principals, or department directors.



# SOUTH BEND COMMUNITY SCHOOL CORPORATION

## APPROVED TRAVEL REIMBURSEMENT CLAIM FORM

Attach copy of approved Leave or Travel Request Form & detailed receipts

Employee Name (print): \_\_\_\_\_ Employee #: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Conference / Reason for Travel: \_\_\_\_\_

Destination: \_\_\_\_\_ Date(s) of Leave: \_\_\_\_\_

### Meal Total Calculation

DATE	BREAKFAST TOTAL	LUNCH TOTAL	DINNER TOTAL	SNACK/ DRINK TOTAL	DESCRIPTION	# OF EMPLOYEES	DAY TOTAL
MEAL TOTAL							\$

### Mileage Total Calculation (you can use the Mileage Claim Form if more lines are needed):

DATE	FROM	TO	# OF MILES
TOTAL MILES			
x IRS Rate			\$
MILES TOTAL			\$

### Reimbursement Total

TYPE	TOTAL
Registration	
Airfare	
Rental Car	
Lodging	
Taxi/Bus/Rideshare	
Internet	
Parking	
Meal Total (from above)	
Mileage (from above)	
Other	
TOTAL REIMBURSEMENT	\$

### Pay Expenses From:

Budget Line 1: \_\_\_\_\_ Amount: \_\_\_\_\_

Budget Line 2: \_\_\_\_\_ Amount: \_\_\_\_\_

Attach all original, detailed receipts to this form.  
Make a copy of this form and all receipts prior to sending.

### Signatures

Pursuant to the provisions and penalties of Chapter 155, Acts of 1953, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally dues after allowing all just credits, and that no part of the same has been paid.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----Approvals-----

☐ Yes ☐ No Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Yes ☐ No Budget Rep: \_\_\_\_\_ Date: \_\_\_\_\_