Instructions for Travel Reimbursement Form

This form must be completed in Excel. Manual completion will not be accepted.

1. **Name:** This should be the name of the person the check should be made payable to. DO NOT use nicknames.
2. **S.S. #:** Please use only the last 4 digits of the employee's social security number.
3. **Today's Date:** Use the date form is completed.
4. **School/Department:** The location within the district where the employee works.
5. **Travel Period:** The range of dates that are included in this request for reimbursement.
6. **From & To (locations):** These are the out-of-district and in-district locations to which the employee is traveling.
    a. *When traveling to or from "HOME" for a meeting held outside of Rock Hill, mileage will be reimbursed.*
    b. *When traveling to or from "HOME" for a meeting held within Rock Hill, mileage will not be reimbursed.*
7. **Total Mileage:** Actual mileage should be entered. The dollar amount will automatically calculate. Attach a Mapquest or Google Maps printout for out-of-district travel. Use In-District Mileage Chart (Exhibit 6-B) for in-district distances.
8. **Out of Pocket Expenses:** Enter all expenses on a daily basis. Detailed original receipts for **all** expenses (with the exception of meals) must be attached as proof that the expense was paid.
9. **Reason For Trip:** List your purpose for traveling (i.e. Meeting, Conference, Bank Deposit, etc.).
10. **Meals:** Meals will be reimbursed on a per diem basis (receipts will not be required) for any meals not provided by the conference, event, or hotel. Meals must be within the guideline of the charts below. Meals provided with conference registration, and meals provided by the hotel, will not be reimbursed. **Meals will not be reimbursed for one-day conference/professional development. Meals will only be reimbursed for overnight trips.**
11. **Totals:** If the total accidental p-card expenses are greater than the reimbursement amount, the employee should attach a check payable to Rock Hill Schools for the difference.
12. **Signatures:** Employee and Principal/Supervisor must both sign the form. If there are multiple pages, each page must be signed. Delegations of Authority **will not** be authorized to sign for any type of reimbursement.
13. **Submissions:** Send the form to Business Services **by the 10th** of the following month of the dates covered. ESE, Instruction, and Technology **must** submit forms monthly. All other schools and departments may submit on a monthly basis OR on a quarterly basis with the following submission dates: ***March 31st due by April 10th; June 30th due by July 25th; September 30th due by October 10th; December 31st due by January 10th.***
14. **Request for Reimbursement MUST be made within 10 working days after completion of travel.**

Per Diem Allowance for RHSD Overnight Travel — State Per Diem Allowances

Meal	Depart Before	Return After	In-State	Out-of-State		In-State	Out-of-State
Breakfast	7:00 a.m.	10:00 a.m.	$8.00	$10.00		$8.00	$10.00
Lunch	11:00 a.m.	2:00 p.m.	$11.00	$15.00		$10.00	$15.00
Dinner	5:00 p.m.	8:00 p.m.	$25.00	$29.00		$17.00	$25.00

Note: Federal Funds (Grants) will only cover up to the State Per Diem allowance per meal. When meals exceed State Per Diem, General Funds will cover the difference. Travelers must provide the correct account number in the designated area.