TAMALPAIS UNION HIGH SCHOOL DISTRICT

Employee Expense/Mileage Claim Form

Date:

Vendor #:

Employee Name:

Position:

PLEASE ATTACH *ORIGINAL* RECEIPTS

Date	Line #	Description - List Items to be Reimbursed		Amount
			Sub Total	0

Date	Line #	Mileage - List Start/End Points and reason for travel Attach map of claimed travel with total miles per trip	Miles	Rate As of 07/01/2026	Total
				0.76	
				0.76	
				0.76	
				0.76	
			Sub Total		0

Must Agree to Claim Total Below —>	**Claim Total**	0

Account Distribution - List Account Number(s)		Amount
1		
2		
3		
4		
Must Agree to Claim Total Above —>	**Claim Total**	0

CERTIFICATION: (Sign Below)
I hereby certify that as an employee of the Tamalpais Union High School District, the items and amounts claimed above have been spent by me while performing services directed and authorized by the Board of Trustees.

Employee Signature	Department Chair Signature	Administrator Signature	District Office Authorization

Vendor Direct Deposit Authorization Form
Tamalpais Union High School District

1. Please Check One:
☐ NEW Direct Deposit ☐ CHANGE Direct Deposit ☐ CANCEL Direct Deposit

2. Vendor/Payee Information
Name:
Address:
Contact Person's Name (if other than payee):
Telephone Number:
Email Address:

3. Financial Institution Information
Bank Name:
Bank Address:
Name on Bank Account:
Nine-Digit Bank Routing/Transit Number (ABA):
Bank Account Number:
☐ ☐

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

4. Approvals/Authorizations
I certify that the information provided on this form is correct, and I hereby authorize direct deposit payments to the bank account designated above. It is my responsibility to notify the payer immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify the payer in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until the payer has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it. I understand: - Direct deposit takes effect after a successful pre-notification transaction has occurred through the banking system. - A new Vendor Direct Deposit Authorization Form must be submitted if account information is changed (vendor name, bank name, ABA number, type or account, etc. - Direct deposit status may be suspended or rescinded, and payment made by check if necessary, to meet invoice deadlines or under other circumstances. This replaces any authorization previously made and is to remain in effect until changed or canceled by submission of a new Vendor Direct Deposit Authorization Form.
Print Name:_____ Signature:_____ Date:_____

Important Information
Please mail the completed form to: PO BOX 605 Larkspur CA 94977 Forms that are returned via email or fax will NOT be accepted.

For Office of Accounts Payable Use Only	Date Stamp - Received
AP Reviewed and Approved: Date:	

TAMALPAIS UNION HIGH SCHOOL DISTRICT

TUHSD EMPLOYEE REIMBURSEMENT GUIDELINES

Purpose: To provide guidance and clarity, to all TUHSD employees, on reimbursement policies to ensure timely processing while using our limited District resources most efficiently.

IMPORTANT PURCHASING GUIDELINES:

- **All purchases require preapproval of the Site Administration or Director (BP 3314)**
- Items that can be obtained from the district/school (i.e. typical office supplies) should not be purchased directly by employees (these items are easily available through normal purchasing guidelines).
- Purchases must be made with a lawful vendor – not an individual (i.e. Craig's List or eBay)
- Employees must not purchase computer equipment, electronics, furniture or other equipment. These items must be processed through the normal purchasing guidelines to ensure the items are compatible with our network, follow all State Laws regarding fire safety, etc.
- Items purchased must not require installation, service or maintenance contracts.
- Allowable expenses include supplementary instructional materials and classroom supplies not typically kept in inventory by the district.
- Reimbursed items should be inexpensive sundry items under $500.
- All receipts ***MUST*** be submitted within 60 days of the date on the receipt

THE REIMBURSEMENT PROCESS SHALL *NOT* BE USED FOR THE FOLLOWING:

- ✓ Consultants, Lecturers or Presenters
- ✓ Contract Payments
- ✓ Direct payments to vendors
- ✓ Employee Advances
- ✓ Warranty, Service or Lease Agreements
- ✓ Janitorial or cleaning supplies
- ✓ Gift card purchases for any reason
- ✓ Streaming Services or online rentals (i.e. Apple TV, Netflix, renting a movie on Amazon.com)

REIMBURSEMENT PROCEEDURES

- ✓ Site Administration or Director must approve purchase in advance.
- ✓ Purchase the item(s)
  - Any items that will be delivered must be delivered to your site (not home residence)
- ✓ Fill out a reimbursement form and attach all back up documentation, including, where appropriate:
  - Original, itemized receipts
  - Invoices that show "Paid in Full"
  - Email correspondence with Vendor
  - Packing slips
- ✓ All receipts must be taped (please no staples) to an 8 ½ x 11 piece of paper with the entire receipt visible and readable.
- ✓ Turn competed reimbursement packet into your Budget Secretary (where appropriate)
- ✓ The Budget Secretaries are responsible for:
  - Coding the expense to the correct account string (you are responsible for knowing what department budget is covering your expenses)
  - Checking over the packet for any anomalies
  - Presenting the packet to the Site Administration/Director for approval
  - Submitting the packet to the Business Office

Non-cabinet employees and Board Trustees may be reimbursed for purchases made in accordance with District procedures and Board Policy. Individuals who are not District employees may not be reimbursed (i.e. parents, volunteers, students).

District reimbursement of employee purchases is not guaranteed. Reimbursement requests can be rejected for various reasons including, but not limited to:

- ✓ Lack of prior approval
- ✓ Purchases deemed inappropriate or excessive
- ✓ Lack of available funds
- ✓ Correct procedures not followed

MEALS (CONFERENCE/DISTRICT TRAVEL) (AR 3350)

TUHSD allows for daily meal reimbursements up to 120% of the Federal per diem allowance as set by the Federal Travel Regulation. All original receipts, including itemized receipts, are required for a meal reimbursement. No substitution of receipts is allowed, unless a Lost Receipt Form is included with the reimbursement claim. Gratuities are included within the allowance for meal reimbursement. *Expenses for alcoholic beverages shall not be reimbursed, in accordance with board policy*

If daily meals exceed the allowance, the claimant has the option of claiming the allowance amount, or requesting reimbursement of the actual higher amount with a short statement of justification attached to the reimbursement claim. This claim will be subject to approval by the site/department and business office.

Meal reimbursements are for the individual employee traveling. If multiple employees have a meal together while on a district function, they should obtain separate checks.

Federal Rates:

The current Federal Per Diem Rate for meals is $68.00

MILEAGE

Authorized employees shall be reimbursed for the use of their own private vehicles in the performance of assigned duties, on either a mileage or monthly basis as determined by the Superintendent or designee. (Education Code 44033). When the travel takes place on an employee's regular work day, the mileage will start at the employees site. When the travel takes place on an employee's non-work day, the mileage will start from the employees residence. The mileage allowance provided by the district for employees' use of their private vehicles shall be equal to the rate established by the Internal Revenue Service (updated yearly)

Examples of approved Travel

- Driving to a conference in the East Bay
- Driving to a Training at MCOE

Examples of unapproved travel:

- Driving to a conference where the cost of a flight is lower than the cost of mileage.
- Driving to Dollar Tree to pick up supplies

TAMALPAIS UNION HIGH
SCHOOL DISTRICT

MISSING RECEIPT/ITEMIZATION/ NO ALCOHOL CERTIFICATION FORM

Complete this form in lieu of missing receipt.

Employee: _____

(print)

DATE	VENDOR	DESCRIPTION	AMOUNT
		TOTAL	$ 0.00

I hereby certify that as an employee of Tamalpais Union High School District, the items and amounts claimed above were purchased solely for the use of Tamalpais Union High School District and this declaration is in lieu of either a lost or unobtained itemized receipt. I further certify that no alcoholic beverages or other disallowed items were purchased on the attached expense claim for which I seek reimbursement.

Employee Signature: _____ **Date:** _____

Please submit this form, with your completed reimbursement form, to your Budget Secretary or Admin Assistant for processing.