

PRIOR APPROVAL AND REIMBURSEMENT FORM

Name _____ School Unit _____
 Destination _____ Purpose for Travel _____
 Dates of Meeting _____ Mode of Transportation _____
 Number of Days Away From School _____ Expenses Paid by Some Other Organization? Yes ___ No ___
 Date & Time Left _____ Date & Time Returned _____
 Account Number _____

PRIOR APPROVAL

Employees of the Twin Falls School District No. 411 must receive prior approval of all out-of-district travel or the district will not be responsible for the payment of the travel expenses.

Expected Costs of Travel. \$ _____
 Cash Advance Requested \$ _____
 (MUST BE TURNED IN 6 WEEKS PRIOR TO TRAVEL FOR BOARD APPROVAL)
 Expected Reimbursement From Some Other Organization \$ _____

Signature _____ Date _____
 Supervisor/Dept. Head _____ Date _____
 Principal _____ Date _____
 District Administrator _____ Date _____

REIMBURSEMENT REQUEST

Receipts and/or logs must accompany the travel reimbursement requests. The district will reimburse only the actual cost of meals including tax and gratuity. Meal costs in excess of maximum allowances will not be reimbursed unless an exception to the maximum is made by the superintendent.

Actual Costs as verified on accompanying receipts or logs:

Transportation -- Automobile Mileage will be compensated at the established state reimbursement rate.
 Check current rate at: <https://www.sco.idaho.gov/LivePages/state-travel-policy-and-procedures.aspx>

(Actual mileage in your vehicle).. \$ _____

ATTACH COPY OF YOUR CURRENT DRIVERS LICENSE AND PROOF OF LIABILITY INSURANCE

Transportation -- Public Transportation (Attach receipts) \$ _____
 Lodging -- Single rate (Attach receipt) \$ _____
 Parking (Attach receipts) \$ _____
 Registration Fee (Attach receipts) \$ _____

****Meals while out-of-town overnight will be reimbursed either from actual receipts or your meal log. You will be reimbursed at actual or maximum amounts from the reimbursement schedule, whichever is less.**

****If not out-of-town overnight, required documentation:**
 a. Actual receipt for the meal (logs are not acceptable).
 b. Who was in attendance?
 c. What business was conducted?

(We will only reimburse actual costs or maximums from our reimbursement schedule, whichever is less).

****If not out-of-town overnight and the prior procedures are not followed, reimbursements will be paid through payroll and will appear on your W-2.**

Meals: Maximums	In-State	Out-of-State
Breakfast	\$ 6.00**	\$ 7.00
Lunch	\$ 9.00**	\$10.00
Dinner	\$15.00**	\$18.00
Daily Totals	\$30.00	\$35.00

You will not be reimbursed for meals included in conference.

Attach receipts and/or meal log \$ _____
 SUB TOTAL \$ _____
 LESS ADVANCES \$ _____
 LESS REIMBURSEMENT BY OTHERS \$ _____

AMOUNT DUE EMPLOYEE (OR)
REFUND DUE DISTRICT \$ _____

The amounts recorded upon this reimbursement requests are a true representation of the amount due me.

Signature _____ Date _____
 Approved _____ Date _____