

**CLOVER SCHOOL DISTRICT NO. 2  
REIMBURSEMENT REQUEST FOR CONFERENCE TRAVEL AND EXPENSES**

INSTRUCTIONS TO EMPLOYEE CLAIMING REIMBURSEMENT: Attach necessary receipts and other supporting documents to this form (including hotel/meal receipts, documentation of cab fare, fees, etc.).

Employee's Name:	School:
Employee's Address:	Dates of Conference Covered by This Request:
	From: <span style="float:right">To:</span>

I certify that this is a true and accurate statement of the expenses and allowances I incurred while attending this conference in the service of the school district.

\_\_\_\_\_  
Employee's Signature

I have examined this employee's reimbursement request and certify that it is just, reasonable and in compliance with policy.	Account Number: (to be filled in by principal or supervisor)
Supervisor's Signature	Name of Conference Attended:

Day	Date	Travel		Transportation			Meals		Other
		From:	To:	T Y P E	Mileage	Amount	T Y P E	Amount	Amount
1							B		
							L		
							D		
2							B		
							L		
							D		
3							B		
							L		
							D		
4							B		
							L		
							D		
5							B		
							L		
							D		

Total Amount for Hotel Expenses *	Total Transportation	Total Meals	Total Other
\$ _____	\$ _____	\$ _____	\$ _____

<b>Type of Transportation:</b>	<b>Type of Meals:</b>	<b>Other:</b>	
P - Privately owned vehicle	B - Breakfast	Gratuities	
A - Air	L - Lunch	Cab Fare	TOTAL: \$ _____
O - Other	D - Dinner	Parking Fees, etc.	

Personal expenses include such items as personal telephone calls, laundry service, entertainment expenses, etc., charged to you hotel room.

Less Personal Expenses: \$ \_\_\_\_\_

**GRAND TOTAL: \$ \_\_\_\_\_**

\* Must Attach Receipts

## INSTRUCTIONS

Employees who are requesting reimbursement for expenses/allowances incurred when attending conferences that involve overnight stays should use the following instructions for completing this form:

1. **Dates of Conference Covered by This Request** – The beginning and ending dates of your travel to this conference.
2. **Employee’s Signature** – Your signature.
3. **Principal/Supervisor’s Signature** – If a school employee, your principal’s signature; if a district employee, your immediate supervisor’s signature.
4. **Account Number** – To be filled in by your principal/supervisor.
5. **Name of Conference** – The name of the conference you attended, for example, the S. C. IRA Annual Conference.
6. **Date** – This column allows three lines per day for up to 5 days per conference. Most conferences will not exceed five days. You will only need to complete the first line of each day with a date. Each new day will require a new date on the first line.
7. **Travel** – You will need to enter mileage from where you started to where you stopped on the first line of the first day. You will also need to record any vicinity mileage incurred while staying at the conference. **Vicinity** mileage is defined as that travel that is directly related to the conference, e.g., if your room is not at this site, then travel from your hotel to the site and back is eligible to be claimed as vicinity travel. Travel that involves going out for meals, entertainment, or personal sight-seeing is not included in vicinity travel and is not eligible for reimbursement.
8. **Transportation** – A. Type: Use the codes listed on the bottom of the page to indicate the type of transportation you use. B. Mileage: Enter the number of eligible miles traveled in this column. Include your eligible vicinity miles on a separate line for each day. C. Amount: You may claim mileage at the allowable Federal rate. January 1, 2022 through June 30, 2022 is \$.585 per mile, and July 1, 2022 through December 31, 2022 is \$.625 per mile.
9. **Meals** – Meal allowance is only provided for overnight travel. Fill in the amount for each meal in the amount column next to the meal type. Use the per diem figures listed below. If the hotel provides continental breakfast, or if the conference provides breakfast, lunch and/or dinner, no reimbursement will be made for those meals.

### Meal allowance

Breakfast	\$ 8.00
Lunch	10.00
Dinner	<u>17.00</u>
Total per diem	\$ 35.00

### Claim meals for partial days based on the following:

	<u>Depart</u>	<u>Return</u>
Breakfast	Before 6:00am	After 11:00am
Lunch	Before 11:00am	After 1:30pm
Dinner	Before 5:30pm	After 8:30pm

10. **Other** – This column should be used for items directly related to the conference, e.g., registration fees, cab fare to and from the airport, etc. Receipts must be attached when available.
11. **Total Amount for Hotel Expenses** – Use this space to claim reimbursement of your lodging for the nights included in the conference. You must attach receipts. Personal expenses such as personal telephone calls, hotel laundry service or entertainment expenses charged to your room must be deducted.
12. **Total Transportation** – Add the amounts listed in the Transportation column and enter here.
13. **Total Meals** – Add the amounts listed in the Meals column and enter here.
14. **Total Other** – Add the amounts listed in the Other column and enter here.
15. **Grand Total** – Add the amounts listed in the Hotel, Transportation, Meals, and Other columns, subtract personal expenses and enter the total here.