

Garfield County School District

TRAVEL EXPENSE REQUEST GUIDELINES

(This is a double-sided form)

All GCS D travel must have prior approval by your principal and/or program director/supervisor.
This form must be **completed** and signed by the employee and supervisor before submission to the district office for payment after the trip is completed.
This reimbursement is not associated with payroll.
Please attach all applicable receipts to the Travel Expense Request form (the other side of this page).

LODGING:

Government/State rates should be requested at time of reservation. Use district credit card when possible. Reimbursement is based on single occupancy rate. Employee pays the difference between single to double. The maximum allowable room rate is \$90.00 per night, unless approved by your supervisor. District travel must be 100 miles from your work location or multiple nights to stay overnight, unless approved by your supervisor. Hotel/Motel receipts must be attached to the Travel Expense Request form (other side of this page). Alternative Accommodations: A rate of \$45.00 per night (half of maximum allowable) can be claimed if an employee chooses to stay with family, friends, or elsewhere.

MEAL PER DIEM:	In-State	Out-of-State
Breakfast	\$9.00	\$10.00
Lunch	\$11.00	\$14.00
Dinner	\$16.00	\$21.00
Total	\$36.00	\$45.00

Meals provided are not reimbursable, including continental breakfast or complimentary lunch, etc. An employee must leave before 6:00 am to claim breakfast per diem. An employee must return home after 6:00 pm to claim dinner per diem. Alcoholic beverages are not compensated.

VEHICLE:

Employees are required to use district vehicles whenever possible for district related travel. When more than one employee is attending the same event, they are required to carpool to keep travel costs to a minimum. If a district vehicle is not available, the reimbursement rate for use of a personal vehicle will be the higher rate. If driving a personal vehicle, gas receipts are not necessary, as the reimbursement is based on mileage. Travel distances will be computed from a standard mileage chart (i.e. google maps).

OTHER EXPENSES:

Registration fee should be paid up front with a district credit card. Please attach the receipt. Attach receipts for ground transportation for business use of taxi, bus or shuttle. Attach receipts for parking expense at airport or hotel. Fees included in registration for activities (i.e. golf) are not compensated. No item of expense exceeding \$25.00 will be reimbursed without a written receipt being submitted.

I authorize (employee) _____ to travel to (location/place) _____
on (day) _____ for (purpose) _____.

Supervisor's signature (authorizing the travel)

Supervisor's name printed

Garfield County School District FY22 Travel Expense Request

Employee name: _____ School(s): _____

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Purpose of Travel: _____

Destination(s): _____

Lodging			Total Cost
Please make my reservation	[]	Number of Nights	[]
I've made my own reservation	[]	Cost per Night	[]
Name of motel/hotel: _____ 1 night at traveler's expense			
Confirmation Number: _____			
Alternative Accomodations: _____			
Number of nights		[]	Reimbursement per night
		[]	\$ -
Meals			
In-State	<i>Rate per meal</i>	\$ 9	Number of breakfasts
		\$ 11	Number of lunches
		\$ 16	Number of dinners
			[]
Out-of-State	<i>Rate per meal</i>	\$ 10	Number of breakfasts
		\$ 14	Number of lunches
		\$ 21	Number of Dinners
			[]
			Total Meals: \$ -
Vehicle			
Will drive a district vehicle		[]	
Will drive a non-district vehicle		X	
No district car available		Number of Miles	\$0.54
District car available		Number of Miles	\$0.40
			\$ -
			\$ -
Registration Fee			\$ -
Other Expenses			
<i>or notes</i> _____			

			\$ -
Program Code Travel:			
Program Code Mileage:			- TOTAL REIMBURSEMENT REQUEST
Signatures			
Employee	_____	Date: _____	\$0.00
Principal/Program Director	_____	Date: _____	
Business Administrator	_____	Date: _____	
Superintendent	_____	Date: _____	
Check(s) Disbursed to Employee			
To Employee:	\$0.00	To motel/hotel: \$ -	Other: \$0.00

**Note: If you are not sure about the program code, please list the program.*