

Travel and Conference

TRAVEL AND CONFERENCE

- * **Revised Board Policy in February 2012**
- * **Significant changes to mention**
 - * **Itemized receipts are required for ALL reimbursable expenses**
 - * **Meal/beverage limits**
 - * **Breakfast - \$15**
 - * **Lunch - \$20**
 - * **Dinner - \$35**



Procedures – Travel & Conf

- * **Need to complete Travel Approval Request Form, obtain approval (signature) from an administrator overseeing the employee.**
- * **If travel outside of California is required, the Travel Approval Request Form must be submitted 3-4 weeks prior, as Board Approval is required.**
- * **Please forward the completed Travel Approval Request Form to Human Resources. Please attach event information such as brochure or flyer.**
- * **Once approved by the Assistant Superintendent of Human Resources, paperwork will be forwarded to Fiscal.**



Procedures – Travel & Conf

* DO'S

- **Complete Travel Approval Request Form**
- **Get Appropriate Approvals**
- **Keep All Original Itemized Receipts**
- **Submit Travel Expense Claim Immediately Upon Return**

* DON'TS


- **Alcoholic Beverages**
- **Room Service**
- **Movie Rentals**
- **Valet Parking**
- **Other upgrades/fees**
- **Unauthorized Attendees**
- **Family Members**



Procedures – Expense Claims

- * **Travel Expense Claim Forms are used to reimburse for pre-approved travel & conference expenses and mileage.**
 - * **Do not create a purchase requisition for reimbursements.**
- * **Submit the Travel Expense Claim Form to Fiscal Services, after being approved by administrator supervising employee.**
 - * **Include itemized receipts. (Individual receipts per person, DO NOT combine receipts)**
- * **Mileage Reimbursement:**
 - * **If travel is on a work day, subtract out the normal home to work mileage.**
 - * **Include a map showing the beginning and ending destinations.**
 - * **If mileage is already included in the traveler's contract and the event was within Orange County, mileage cannot be requested.**
- * **Submit travel & conference reimbursements immediately after travel is complete.**
Reimbursements submitted after 60 days from the end of a conference may be denied.



 Yvonne Unified School District

TRAVEL APPROVAL REQUEST

For Attendance at Educational Meetings and Workshops
Complete and submit in triplicate

Board Approval is required for all out-of-state and non-student travel. (Submit 3-4 weeks prior to the event.)

Date submitted: (Allow 10 working days before registration deadline)

Title of Event _____

Place _____ Date _____

Purpose of Activity _____

Charge to Account# _____ 5210

Persons requested to be authorized by this approval are:

Name	Department/School	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approved _____ Received by Business Office _____
(Signature)

Pre-Registration (Original and one photo copy of completed reservation form for each person authorized to attend)

Make check payable to _____ Amount _____

(For Business Office Use) Check No. _____ Dated _____

Lodging Reservations (Original and one photo copy of completed reservation form or letter for each person authorized to attend)

Make check payable to _____ Amount _____

(For Business Office Use) Check No. _____ Dated _____

Please estimate total expenses that will be required.

Expense	Estimated Cost	Cash Advance Payment \$
Transportation		
Air	\$ _____	
Unkind Auto	_____	Cash Method by: _____ (Total)
Private Auto	_____	
Other	_____	
Meals	_____	
Lodging	_____	
Registration	_____	
* Miscellaneous	_____	
TOTAL ESTIMATE	\$ _____	
Total Approved	\$ _____	

MUST BE COMPLETED FOR ADVANCE
(Not to Exceed 75% of Total Approved)

Cash Advance Payment \$ _____

Cash Method by: _____ (Total)

(Signature of Applicant)

FOR BUSINESS OFFICE USE ONLY:

Check No. _____ Dated _____

Travel Advance Account No. _____

* Retain _____ (Supplemental Approval) Date _____

CRONIN/CCR Submit Within Seven Days and Fill copies to Supplemental
Retain Collected copy for your file.

USD 75-80-505 2/88 (rev)

 Irvine Unified School District
TRAVEL EXPENSE CLAIM

*If these arrangements were not made in advance and payment made by the District.

Clement's Signature Date Approved _____ D218

Lodging \$ _____ Check No./Receipt _____ Dated _____

Advance \$ _____ Check No./Receipt _____ Dated _____

Pay to claimant \$ _____ Check No./Receipt _____ Dated _____

COFINANCING: Must be submitted with Training Summary
 Symbolic White, Green, Damsy and Pink copies to Rev. Cash
 Parish Co-located copy for you TK.

146275-0006 1272 Row



The End!