Conference/Event Travel Checklist

Employee and/or Secretary:

- [ ] Complete Request for Travel and Expense Packet
- [ ] Submit for approval and signatures

Secretary: *Once Approved Complete the Following Steps (Pre-CTR fully signed)*

Conference

- [ ] Register Employee for Conference, if not already registered
- [ ] Create PR for Conference
  (Attach copy of Request for Travel & the Conference Agenda)
- [ ] Send to Purchasing/Requisitions

Hotel

- [ ] Book Hotel Room, or get information from Employee if booked already
- [ ] Create PR for Hotel
  (Attach copy of Request for Travel, Conference Agenda & Hotel Registration)
- [ ] Send to Purchasing/Requisitions

Employee Reimbursement

- [ ] Create PR for Employee
  (Copy of Request for Travel)
- [ ] Send to Purchasing/Requisitions

Flight

- [ ] Book Flight if Needed

Employee and/or Secretary: *After Conference Complete the Following Steps*

- [ ] Complete Travel Expense Claim Form
- [ ] Attach Approved Request Packet
- [ ] Submit for Final Signatures
- [ ] Send to Jennelle

ROMOLAND SCHOOL DISTRICT

REQUEST FOR TRAVEL AND EXPENSES FORM

(Pre-Event)

This form is to be used for pre-approval to attend a conference and/or travel outside the District, including estimates on reimbursed amounts for anticipated expenses incurred as a result of this travel. Purchase Requisitions must be attached for all prepaid expenses, i.e., hotel and conference registration. The conference brochure, flyer and/or agenda of the activity/event to be attended must also be attached.

Please follow the instructions below when completing the form:

1. Type in your name and title.
2. Type in the name of your school or department.
3. Type in the name of the conference or activity you are attending that requires travel out of the District.
4. Type in the City of the event
5. Type in the State of the event
6. Select from the drop down menu the appropriate region of the event.
7. If out of state travel is required, select the state or appropriate option traveling to.
8. Enter expected departure date, event start date, event end date, and return date.
9. Correctly fill in the full accounting code(s).
10. If a substitute is required, this estimated expense must be included.
11. If a registration fee is required, and the District has been requested to prepay this fee, a Purchase Requisition must be included with this form. If registration is paid by the employee, include on expense claim of this form with receipt.
12. Estimate private automobile mileage, parking and taxi/transportation fees and type in designated areas. For mileage, please attach a Google Maps that have actual miles shown. Mileage should be calculated from your home or work station address (whichever is closer to the event).
13. All Out-of-State travel must be Board Approved in advance of travel. Information and backup should be sent to the Educational Services secretary for the Assistant Superintendents approval and then Board Approval at an upcoming Board Meeting.
14. Meals and Incidental expenses can only be claimed for travel that involves overnight stay.
15. Based on the IRS Standard Rate, complete the appropriate meal and incidental expense section.
16. The District will cover rate for the region: per day excluding departure and return days which are calculated at 75% unless otherwise noted.
17. The requester will be responsible for canceling any reservations which will not be used. If the requester either cancels or fails to attend the activity, it will be the requester's responsibility to reimburse the district for all non-refundable charges, unless the Superintendent determines that unusual circumstances beyond the individual's control took place.
18. Sign your name in the "employee" line.
19. Depending on the funding source, District approval will be needed for such trips. The packet will be sent to the appropriate district administrative office for approval and will be returned to the site secretary to return to you.

PLEASE NOTE: CASH ADVANCES ARE NOT AVAILABLE!

ROMOLAND SCHOOL DISTRICT

Request for Travel and Expenses (Pre-Event Form)

Employee Name:

School Site/Department:

I request that travel and expenses be approved for me to attend the following conference/meeting:

Name of Conference/Meeting:

City: **State:**

Location: Other:

*Departure Date		*Event Start Date		*Event End Date		*Return Date	

SACS Code:

Fund	SCH	RES	PY	GOAL	FUNC	OBJ	%

Substitute Cost: day(s)@ $ -

Registration Fee: Requisition # ( )

Other Expenses

****Need Receipts***

Total Mileage:	miles x $ 0.760 per mile	*(Google Maps Required)	$ -
*Air Fare:	Req#:		
*Lodging:	Req#:		
*Parking:	*Airport and/or Hotel*		
*Taxi/Transportation:			
*Other: (explain)			
Total Other Expenses			$ -

Meals and Incidental Expenses

Note: Meals and incidentals expenses can only be claimed if travel involves overnight stay.

Departure & Return Days		times IRS Method	$ 51.00	75%	$ -
Conference days		times IRS Method	$ 68.00		$ -
****Total Meals & Incidental (High)**					$ -
****Total Mileage**					$ -
Estimated Total Due to Employee	***PR #:***				$ -
Total Other Expenses					$ -
Total Travel Costs					$ -

It is understood that I will be responsible for reimbursing the District for advance registration and/or other prepaid expenses in the

Employee: **Date:**

Principal / Supervisor: **Date:**

District Approval: **Date:**

If applicable, the Governing Board approved/ratified the out-of-state travel noted above on _____

ROMOLAND SCHOOL DISTRICT

TRAVEL EXPENSE CLAIM FORM

(Post Event)

This form is to be used to claim reimbursement for expenses incurred as a result of this travel. The Request for Travel and Expenses and pre-event backup must be attached for all prepaid expenses, i.e., airfare, hotel and conference registration. Hotel checkout receipt, airfare, baggage claim, transportation receipts and any other itemized receipts for all other expenses being claimed for reimbursement must also be attached.

Please follow the instructions below when completing the form:

1. Type in your name, site/department and vendor number.
2. Correctly fill in the full accounting code(s).
3. Type in the name of the conference or activity you are attending that requires travel out of the District.
4. Type in the purpose of attending the event.
5. Enter the departure date, event start date, event end date, and return date.
6. Type in the City of the event
7. Type in the State of the event
8. Complete the table and fill in information for each day as appropriate (i.e. date, calculate meal per diem rate for that day, transportation, lodging, and other expenses).
9. Attach and tape edges of all original receipts on separate sheets of paper. All receipts must be itemized, not just a credit card receipt showing the total. Please do not use highlighter on any receipt it erases the ink on thermal paper, if you must write on your receipt, please do so in pen.
10. Complete the mileage section with the total number of miles traveled and include the names of the departure and return locations. A google maps is required as backup.
11. Employee should sign and date the complete form and submit to site/department secretary for administrator approval.
12. Insure that all information has been included and that all estimated expenses have been correctly tabulated. Sign form and submit to supervisor within 10 days of returning from the event.
13. Depending on the funding source, District approval will be needed for such trips. The packet will be sent to the appropriate district administrative office for approval and will be returned to the site secretary to return to you.
14. Following Business Office approval, claim will be processed within 30 days.

Reminder: **Meals and Incidental expenses can only be claimed for travel that involves overnight stay.**

Travel Expense Claim form needs to be completed upon return from the event. Please submit for administrative signatures in a timely manner as these are also used to pay for the conference invoices.

AR 3350 - 3/14/18

ROMOLAND SCHOOL DISTRICT

Travel Expense Claim (Post Event)

Employee: _____ **Site/Dept.:** _____

PO #:

Fund	Schl.	Resource	PY	Goal	Function	OBJ

The expenses listed below were incurred for attending the following conference/meeting:

Name of Conference/Meeting: _____

*Departure Date		Start Date		End Date		Return Date	

City: _____ **State:** _____

** Original receipts required for these items*

Employee Expenses

DATE	$51/$68 MEALS (Per Diem Rate)	*AIR FARE Attach Receipts	*TRANSPORTATION/ Taxi Attach Receipts	*LODGING Attach Receipts	OTHER EXPENSES *Description Attach Receipts	OTHER EXPENSES Amount	DAILY TOTAL
		$ -	$ -	$ -		$ -	$ -
		$ -	$ -	$ -		$ -	$ -
		$ -	$ -	$ -		$ -	$ -
			$ -	$ -		$ -	$ -
			$ -	$ -		$ -	$ -
	$ -		$ -	$ -		$ -	$ -
	$ -		$ -	$ -		$ -	$ -
Total	$ -	$ -	$ -	$ -		$ -	$ -

District Expenses

DATE	REGISTRATION FEE
	AIR
	HOTEL
Roomed W/	
TOTAL	$ -

Employee's Mileage *(Google Maps Required)

Date(s) (Date Range)	Traveled To	Total Miles Traveled	Closer to event Site or Home
	Total Miles:		

Total Mileage Claim: Total Miles x $ 0.760 $

If no mileage, carpooled with who:

Total Due to Emp:	$ -
Total Paid by District:	$ -
Grand Total Paid	$ -

Employee's Signature: _____ **Date:** _____

Signature of certification approval:

Principal/Administrator: _____ **Date:** _____

District Adminstrative Designee: _____ **Date:** _____