



BOARD OF EDUCATION OF THE BOROUGH OF MADISON

359 Woodland Road • Madison, NJ 07940 • (973) 593-3101 • Fax (973) 593-3161

Dr. Michael Rossi, Jr.
Superintendent

Gary S. Lane
Business Administrator/
Board Secretary

TRAVEL BASICS

1. Only travel requests which have a total cost of less than \$150 do not require Board approval. However, these must be approved by the Superintendent prior to the event. Pursuant to state statute, travel for which the total cost exceeds \$150 requires prior Board approval prior to the travel – there is no “after the fact” reimbursements.
2. *Travel request forms must be completed for all travel in which a staff member will be leaving a building* to attend a workshop, conference, seminar and the like – *regardless of the cost.* All travel requests must include documentation outlining all associated costs. Please see www.gsa.gov for the federal per diem rates by location.
3. All costs are provided as reimbursements or processed via a purchase requisition/order for approved travel – it is not permissible to provide “up-front” monies to individuals.
4. Travel to regular events for which there is no cost (*i.e. monthly meetings of a professional organization*) which last less than a full day and require no coverage, does not need a form – only approval by the person’s supervisor.
5. All travel requests must be made in a timely manner. The prior approval window is 45 days.
6. Purchase orders relating to any travel (*workshop registration, etc.*) which do not include a copy of the approved travel request and/or, have not been approved by the Board, will not be processed.
7. Please refer to the Accounts Payable section of our district’s website under the Business Office tab for forms and additional information.

NOTE: *After the signed Travel Authorization form has been approved and returned, it is the responsibility of the employee to enter the approved travel event into AESOP.*

6A:23A-7.8 Prohibited travel reimbursements

State statute prohibits several types of expenditures. Below are some of the types of expenditures which are not eligible for reimbursement:

1. Subsistence reimbursement for one-day trips, except for meals expressly authorized by and in accordance with the provisions of N.J.A.C. 6A:23A-7.12;
2. Subsistence reimbursement for overnight travel within the State, except where authorized by the Commissioner in accordance with the procedures set forth in N.J.A.C. 6A:23A-7.11;
3. Lunch or refreshments for training sessions and retreats held within the school district including in-service days and for employee participants traveling from other locations within the school district;
4. Car rentals, either utilized for airport transportation or transportation at a conference, convention, etc., unless absolutely necessary for the conduct of school district business. Justification must accompany any request for car rentals
5. Alcoholic beverages;
6. Gratuities or tips in excess of those permitted by Federal per diem rates

~ TRAVEL AUTHORIZATION FORM ~

This travel request **MUST** be **APPROVED BEFORE** the travel takes place.

Complete all sections highlighted in in this color.

Submit completed form to your appropriate Administrator (Supervisor, Principal, Director, etc.)

Travel undertaken by an employee without prior approval assumes all costs and CANNOT be reimbursed at a later date.

As such, plans will need to be made at least 45 DAYS in advance of the proposed trip & before a Board Meeting.

> Attach supporting documentation, flyer, brochure, etc. detailing the event and to support ALL costs < (See notes below)

Who is traveling?	<u>WHO:</u>	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Last Name</td> <td style="width: 33%;">First Name</td> <td style="width: 33%;">Location</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				Last Name	First Name	Location															
Last Name	First Name	Location																					
WHAT program are you attending? What is the name activity?	<u>WHAT:</u>	<table border="1" style="width: 100%;"> <tr> <td colspan="5"> </td> </tr> </table>																					
Name sponsoring organization	<u>SPONSOR:</u>	<table border="1" style="width: 100%;"> <tr> <td colspan="5"> </td> </tr> </table>																					
WHERE is the Program/Conference being held?	<u>WHERE:</u>	<table border="1" style="width: 100%;"> <tr> <td colspan="5"> </td> </tr> </table>																					
List <u>DATES</u> of program/conference	<u>WHEN:</u>	<table border="1" style="width: 100%;"> <tr> <th style="width: 33%;">From (date)</th> <th style="width: 33%;">To (date)</th> <th style="width: 33%;"># of days</th> </tr> <tr> <td>01/00/00</td> <td>01/00/00</td> <td>1</td> </tr> </table>				From (date)	To (date)	# of days	01/00/00	01/00/00	1												
From (date)	To (date)	# of days																					
01/00/00	01/00/00	1																					
Explain WHY are attending	<u>PURPOSE:</u>	<table border="1" style="width: 100%;"> <tr> <td colspan="5"> </td> </tr> </table>																					
<u>NAME OF REQUESTOR:</u>					Who is requesting you to attend? (Self? Principal?)																		
<u>SCHOOL TIME MISSED:</u> (Use an X to indicate)		Full day	1/2 day AM	1/2 day PM	None	Other																	
Other explanatory notes if necessary		<table border="1" style="width: 100%;"> <tr> <td colspan="5"> </td> </tr> </table>																					
<u>Information - Costs:</u>		<table border="1" style="width: 100%;"> <tr> <th style="width: 60%;">Description:</th> <th style="width: 40%;">Total Cost:</th> </tr> <tr> <td>Registration/Materials/Fees:</td> <td>\$0.00</td> </tr> <tr> <td>Transportation via <u>air or train</u>*:</td> <td>\$0.00</td> </tr> <tr> <td colspan="2">Identify type (i.e. air) and carrier (i.e. United, US Air, etc.)</td> </tr> <tr> <td>Sub-total</td> <td>\$0.00</td> </tr> <tr> <td>Transportation via <u>car</u>:</td> <td>\$ 0.31 0.00 \$0.00 \$0.00 \$0.00</td> </tr> <tr> <td>Estimated (car mileage, tolls, parking):</td> <td>Cents/Mile Miles (Roundtrip) Tolls \$ Parking \$ TOTAL \$</td> </tr> <tr> <td>Meals : (Refer to WWW.GSA.GOV for guidance)</td> <td>\$ - 0 0 0 \$0.00</td> </tr> <tr> <td colspan="2">Per Diem Rate # of travel days # of non-travel days Total # of days FALSE</td> </tr> </table>				Description:	Total Cost:	Registration/Materials/Fees:	\$0.00	Transportation via <u>air or train</u> *:	\$0.00	Identify type (i.e. air) and carrier (i.e. United, US Air, etc.)		Sub-total	\$0.00	Transportation via <u>car</u> :	\$ 0.31 0.00 \$0.00 \$0.00 \$0.00	Estimated (car mileage, tolls, parking):	Cents/Mile Miles (Roundtrip) Tolls \$ Parking \$ TOTAL \$	Meals : (Refer to WWW.GSA.GOV for guidance)	\$ - 0 0 0 \$0.00	Per Diem Rate # of travel days # of non-travel days Total # of days FALSE	
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Per Diem Rate # of travel days # of non-travel days Total # of days FALSE																							
<u>Overnight Accommodations</u> (approved by Commissioner or out-of-state travel)																							
Hotel Name																							
Hotel Address																							
Cost per night (provide GSA rates for location):		0	<-- # of nights	\$ -	<-- Hotel \$ / night	\$0.00																	
Is this the conference hotel? (Yes/No)		yes																					
TOTAL ESTIMATED COSTS:		(Registration, tolls, fare, mileage, lodging, meals) =			\$0.00																		
<u>Signature of Employee --></u>				Date Submitted:	1/0/1900																		
** Attach flyer, etc. detailing the event **		Account to be charged:																					
Approval Signatures & Dates:		(1) Supervisor		(2) Principal																			
		Date:		Date:																			
		(3) Director of Curr. & Inst.		(4) Business Administrator		(5) Superintendent																	
		Date:		Date:		Date:																	
Date Received in Supt. Office:		Date BOE APPROVED:																					

NOTES:

Documentation for all costs must be provided. This includes the necessity to provide 3 quotes for airfare or alternate form of transportation other than car (if applicable and must be least costly)

Post-trip receipt from costs (lodging, air and rail fare) etc., must be provided

Costs not approved prior to the event cannot be reimbursed.

Per diem meals (M&IE) are per federal guidelines and vary from place to place

Travel day per diem is a maximum of 75% of the federal M&IE.

It is the responsibility of the attendee to ensure that all costs/expenses are within the GSA guidelines, applicable policy and laws [Refer to www.gsa.gov for guidance.](http://www.gsa.gov)

If an area is to have no cost, indicate none

For mileage, estimate to/from mileage using MapQuest or the like. Attach a copy.

A brief post trip written report is required

PROHIBITED:

Car Rentals, the use of limousines and chauffeuring costs is strictly prohibited

Subsistence reimbursement for one-day trips or overnight travel within the state

Subsistence for overnight travel within the state except when authorized by the commissioner

Travel by employees or board members whose duties are unrelated to the purpose of the event

Travel by spouses, civil union partners, domestic partners, immediate family members, and other relatives

Costs for employee attendance for coordinating other attendees' accommodations at the event

Lunch or refreshments for training sessions and retreats within the school district including in-service days and employee participants traveling from other locations within the district

Training to maintain a certification that is not required as a condition of employment

Charges for laundry, valet service, entertainment

Alcoholic beverages

Gratuities or tips in excess of these permitted by federal per diem rates

Telephone charges

Hospitality rooms

Souvenirs, memorabilia, promotional items or gifts

Airfare without documentation of quotes from at least 3 airlines and/or online services

Other travel expenditures that are unnecessary and/or excessive

Meals and Incidental Expenses (M&IE)

The following table shows the breakdown of breakfast, lunch, and dinner components of the maximum daily reimbursement (per diem) rates for meals and incidental expenses while on travel. **The M&IE rates differ by travel location. View the per diem rate for your primary destination to determine which M&IE rates apply.** Refer to Section 301-11.18 of the Federal Travel Regulation for guidance on deducting these amounts from your per diem reimbursement claims for meals furnished to you by the government.

NOTE: You must view the per diem rate for your primary destination to determine which M&IE rates apply.

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M&IE Total	\$46	\$51	\$56	\$61	\$66	\$71
Breakfast	7	8	9	10	11	12
Lunch	11	12	13	15	16	18
Dinner	23	26	29	31	34	36
Incidentals	5	5	5	5	5	5

The shortcut to this page is -->> www.gsa.gov/mie

~ POST TRAVEL REPORT ~

A brief post trip written report is required after travel

Please complete the REPORT section below and submit ALL RECEIPTS.

Submit Completed Report and all Supporting Documentation to your Principal / Supervisor / Administrator

Travel undertaken by an employee without prior approval assumes ALL costs.

Travel costs CANNOT be reimbursed unless prior approval of the travel was granted.

WHO:

LANE

Gary

CENTRAL OFFICE

Last Name

First Name

Location

Your address/zip code:

WHAT:

asbo conf

SPONSOR:

ME MYSELF AND I

WHERE:

PODUNK

WHEN:

From:

Thursday, October 15, 2015

To:

Saturday, January 00, 1900

REPORT:

Brief summary & key strategies learned from workshop:

How might this information best be shared with colleagues?

(Discuss at dept./team/grade mtg., faculty mtg., present workshop to colleagues, write an article for upcoming newsletter, etc.)

Would you recommend this workshop/presenter to colleagues and why?:

Reimbursement Request for costs incurred and NOT paid for in by District in advance: Information/Costs:

Total Cost:

Registration/Materials/Fees:

\$0.00

Transportation via air or train:

\$0.00

Transportation via car:

0.31

0.00

\$0.00

\$0.00

\$0.00

Actual (car mileage, tolls, parking):

Cents/Mile

Miles

Tolls

Parking

Total mileage, tolls,
parking

Meals:

If using GSA guidelines, enter # from tab#1, if requesting less, enter actual \$ amount

\$0.00

Overnight Accommodations (approved by Commissioner or out-of-state travel)

Hotel Name

dddd

Hotel Address

WHEREAMI, LOUISANNA

Cost per night:

-

<-- # of nights:

\$

-

<-- Cost per day

\$0.00

Was this the conference hotel?

yes

Total Reimbursement:

\$0.00

Supporting documentation supporting reimbursement requests must be attached.

Type / Print

Signatures

Submitted by:

asdggfda sdf

Approved by:

Date:

Friday, August 26, 2016

Date Received Business Office: