

## **BUSINESS ADMINISTRATIVE REGULATION**

### **EMPLOYEE REIMBURSEMENT—CONFERENCE AND TRAVEL**

#### **Reimbursement Process**

##### **How to claim**

- Complete the Travel Claim form (Appendix B).
- Submit to Supervisor for approval.

#### **Mileage Reimbursement**

- The mileage reimbursement policy for both local and out of town travel is summarized in the Appendix A below.
- Reimbursable mileage is the lesser of “Delhi to Destination”, or “Home to Destination”.

#### **Conference Expense Reimbursement**

- Prior to registering for the conference, complete the Conference Request and Report Form and submit to supervisor. If approved, the supervisor will return the original to you to submit conference expenses.
- The Form will detail which expenses are approved for district payment, including employee reimbursement.
- After the conference, complete the bottom portion of the Conference Request and Report and submit to supervisor for approval, who will forward the Form to the Business Office.

#### **Meal Reimbursement**

- Meals are reimbursable for overnight travel at a standard daily rate. No receipts are required to be submitted.
- The date of departure and date of return is \$49 each day.
- The rate for date’s in-between departure/return is \$66 per day.
- The actual cost of one or two meals when conducting district business and conference/workshop attendance (no overnight travel required) is reimbursable when supported by receipts.
  - Reimbursement cannot exceed \$30 total/day.

#### **Other Necessary Travel Expenses Related to District Business**

- Receipts are required to be submitted with the travel claim.

**Appendix A**

**Mileage Reimbursement-Personal Vehicle Use, effective 1/1/2023:**

	Principals and Directors	All Other Staff
Within District	No	Yes, w/Direct Supervisor Approval 65.5 cents per mile
Outside District	Yes, 65.5 cents per mile	Yes, 65.5 cents per mile w/Direct Supervisor Approval

**APPENDIX B - TRAVEL CLAIM**  
**DELHI UNIFIED SCHOOL DISTRICT**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Or check here to send to School Site

**Transportation**

Private car: (Detail trips on back of form)

\_\_\_\_\_ Miles @ 65.5 cents/mile (1/1/23) \$ \_\_\_\_\_

**Other Transportation: list type (attach receipts)**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Meals when traveling overnight (No receipts required when using Standard Rate):**

Departure Date \_\_\_\_\_, \$49 x 1 day \$ \_\_\_\_\_

Return Date \_\_\_\_\_, \$49 x 1 day \$ \_\_\_\_\_

Other Dates \_\_\_\_\_, \$66 x \_\_\_\_ days \$ \_\_\_\_\_

**Business and Conference Meals (receipt required):**

List Business: \_\_\_\_\_, \$30 Limit/day \$ \_\_\_\_\_

List Business: \_\_\_\_\_, \$30 Limit/day \$ \_\_\_\_\_

**Lodging (attach receipts):**

Date(s) \_\_\_\_\_ \$ \_\_\_\_\_

**Miscellaneous (attach receipts):**

Registration Fees \$ \_\_\_\_\_

Parking Fees \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_

I certify that above claim to be a true and accurate account of expenditures.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved for Payment (Supervisor)

