

CERTIFICATED REIMBURSEMENT for CONFERENCE/WORKSHOP

Wenatchee School District #246
235 Sunset Ave, Wenatchee, WA 98801

INSTRUCTIONS:

Please see reverse side of form.

NOTE: For Tuition Reimbursement Claims ONLY

All expense claims must be submitted to the Accounting Department within ten (10) business days following completion of travel.

Pay to the order of: _____

Address: _____

School/Location: _____

TRAVEL Date Left: _____ Date Returned: _____ Time Left: _____ Time Returned: _____

Conference/Workshop Attended: _____

District goal aligned with: _____

Type of Transportation: _____

Personal Vehicle Mileage: _____ Miles @ _____ cents per mile = \$ _____

Names of other school personnel transported: _____

Part A for all employees (conference/workshop registration costs ONLY)

Part A and **Part B** for employees with 13+ years of experience/placement on WSD salary schedule (may include cost of registration, materials, lodging, mileage, and meals)

MEALS: Must attach original itemized receipts for meals. Per diem rates not provided.				
Date	Breakfast (Actual Cost up to \$12)	Lunch (Actual Cost up to \$14)	Dinner (Actual Cost up to \$22)	Amount
Total				
SUB INFORMATION: (if applicable)				
Date	Job Number	Name of Sub	Full or Half Day(s)?	

EXPENSES TO BE REIMBURSED TO YOU	
Part A	
Conference/Workshop Registration Costs	\$ _____
Part B	
<small>(13+ Yrs Experience/Placement on Salary Schedule)</small>	
Conf/Wrkshp Materials	\$ _____
Lodging	\$ _____
Mileage	\$ _____
Meals	\$ _____
Total Expenses:	\$ _____
TOTAL DUE EMPLOYEE	\$ _____

Account Code: _____

CERTIFICATION: I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account.

Employee/Payee Signature: _____ Date _____

Administrator Signature: _____ Date _____

Business Office Signature: _____

HR Signature _____

For Official Use Only
Tuition Reimbursement Remaining \$ _____

Guidelines for Employee Travel Reimbursements

All expense claims must be submitted to the Accounting Dept.
within ten (10) business days following completion of travel.

Claims submitted after ten (10) business days may not be eligible for reimb

The following must be met before this form can be processed for reimbursement.

Incomplete

forms will delay your reimbursement.

- Please **print** or **type** (Do not use pencil.)
- Please enter your full name and complete home address (wherever you receive personal mail.) **ALL REIMBURSEMENTS ARE MAILED.**
- Attach (staple securely) all **ORIGINAL ITEMIZED receipts** to the back of this form.
- Employee and their Administrator must sign and date this form.

RECEIPT POLICY

- **ORIGINAL ITEMIZED** documentation/receipts from vendor must be attached.
- Bankcard receipts are acceptable if they are itemized, otherwise they will be used as proof of purchase only.
- Receipts should show only the charges to be reimbursed by the District.
Please do not mix personal and district purchases on the same receipt.

TRAVEL REIMBURSEMENT RATES and POLICY

- NOTE: No per diem meals are provided. This is for actual paid meal reimbursement.

	Meal Reimbursement
Breakfast	up to \$12 with original itemized receipt
Lunch	up to \$14 with original itemized receipt
Dinner	up to \$22 with original itemized receipt

- **A maximum gratuity of 15% of meal cost may only be claimed on meals that are being submitted with itemized receipts.** The total reimbursement for meals can not exceed the ceiling amounts of \$12, \$14, and \$22 respectively.
- You must be on travel status by 6 a.m. to claim breakfast.
- You must be on travel status by 12 noon to 1 p.m. to claim lunch.
- You must be on travel status until 7 p.m. to claim dinner.
- Meal reimbursements for same day travel (no overnight stay) are taxable income.
- Hotel - Will be reimbursed for room cost, tax and parking only.
- Mileage is reimbursed at the current state rate.

WHEN TO EXPECT PAYMENT

- Please allow at least 3 weeks for processing.