

MILEAGE REIMBURSEMENT

ADMINISTRATIVE POLICY AND PROCEDURES

1. Mileage Reimbursement - The provisions of this section apply to all district representatives.

Individuals shall be reimbursed for the use of their personal automobiles when used on district business. Reimbursement shall be at the current IRS (Internal Revenue Service) rate. As of January 2009, this rate is \$.55 per mile.

2. the use of private cars is limited to activities within the scope of the employee's assigned responsibility, and mileage reimbursement requires prior approval of the immediate supervisor.

The use of private cars by a non-employee is to be strictly on a volunteer basis, and mileage reimbursement is not authorized for such persons.

The comprehensive liability insurance covering the Holtville Unified School District includes coverage for the liability of employees and volunteers of the school district or a third party while operating their personal automobiles on school business. California law requires that the individual's automobile liability insurance will always be considered as the primary coverage, and the district's policy will provide coverage for excess damages over and above the primary coverage of the individual employee or volunteer. California law requires that each person must have automobile liability coverage on his or her personal automobiles.

The school district will not provide collision, comprehensive, etc., insurance coverage to cover damage or loss to an employee's car.

NOTE: Individuals who will be driving must have a valid California Driver's License and be able to offer proof of insurance coverage AND must sign up to be on the DMV pull notice (please contact your site secretary).

3. Individuals will be reimbursed for mileage only between destinations of official business.

4. Mileage for any official travel on non-work days will be reimbursed.

5. An individual using his or her vehicle on extended trips outside the district shall be reimbursed not to exceed that amount which would have been expended if the employee had used coach or economy air transportation and any required shuttle or taxi.

6. Actual and necessary parking expenses shall be allowed, but must be accompanied with proper documentation.

7. The following must be completed on the form:

It must be filled out in ink.

It must be balanced and the calculator tape must be attached.

Account line must be filled in.

Must have signatures by the claimant and supervisor.

Make two copies and attach to this form.

HOLTVILLE UNIFIED SCHOOL DISTRICT

EMPLOYEE CLAIM FOR REIMBURSEMENT

READ AND FOLLOW PROCEDURES BEFORE COMPLETING THIS FORM. FAILURE TO COMPLY WITH POLICY AND PROCEDURE WILL RESULT IN DELAY OF PAYMENT.

Instructions: This form must be completed and submitted to the District for any reimbursements/travel expenses. A copy of the approved Purchase Order must be attached to the Reimbursement Request. Reimbursements are to be approved by the immediate supervisor and must be accompanied by all original receipts before payment will be made. (Receipts must be taped to a white letter size paper). A copy of the conference/workshop registration must be attached, along with a map displaying mileage totals for out of town trips. Please note IRS regulations require that meal reimbursements for 1) same day travel and/or 2) excess per diem amounts must be added as income to an employee's W-2.

Employee Name _____ Home Address _____ School or Department _____

Check Purpose A. Conference Reimbursement B. Claims (Purchases) Reimbursement

A. Conference / Workshop Reimbursement

DATE	Breakfast	Lunch	Dinner	Regist.	Lodging	Phone/ Fax	Bridge Tolls	Taxi/ Shuttles	Parking	Airfare, Bus, Rail	Car Rental	Daily Total	Personal Car (Miles)
	\$13.00 max	\$16.00 max	\$30.00 max										

B. Claims (Purchases) Use the section below for purchases (including course work) that you are seeking reimbursement. Remember that all purchases have to be pre-approved. Attach the detailed legible receipt/s with a description of each item, date purchased, cost per unit, quantity and total.

Date	Quantity	Itemized Description	Unit Cost	Amount

C. Calculations This section will calculate the total reimbursement for you. Enter the information in the spaces provided above. Enter miles traveled in the spaces under the column labeled "Personal Car (Miles)". Please check these calculations for accuracy.

	X		=		+		=		+		=	
Total Miles		Current IRS Rate		Mileage Expense		Week Total		Total Travel		Total Claims		Total Reimb.

D. Certification

I hereby certify that:

1. I attended the conference/workshop listed above and/or purchased the material listed above.	2. The information is an accurate accounting of my incurred mileage and / or expenses.	3. The expense(s) claimed is/are not reimbursable to me or the District from any other source.
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All three must be checked for reimbursement to be processed.

Enter Additional Information Here _____

Notes: _____

Signature of Employee _____	Date _____	Signature of Immediate Supervisor _____	Date _____
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Fund	Resource	Year	Goal	Function	Object	School	Dept.	%	Amount

Projects Signature