



# UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

**TOPIC:** Second Reading of Policy DEE (LOCAL) – Compensation and Benefits Expense Reimbursement

**SUBMITTED BY:** Laida P. Benavides, CPA **OF:** Division of Finance

**APPROVED FOR TRANSMITTAL TO SCHOOL BOARD:** \_\_\_\_\_

**DATE ASSIGNED FOR BOARD CONSIDERATION:** July 20, 2011

**RECOMMENDATION:**

It is recommended that the United ISD Board of Trustees approve Second Reading of Policy DEE (LOCAL) – Compensation and Benefits Expense Reimbursement.

**RATIONALE:**

**BUDGETARY INFORMATION:**

**BOARD POLICY REFERENCE AND COMPLIANCE:**

COMPENSATION AND BENEFITS  
EXPENSE REIMBURSEMENT

DEE  
(LOCAL)

PRIOR APPROVAL REQUIRED	An employee shall be reimbursed for reasonable, allowable expenses incurred in carrying out District business only with the prior approval of the employee's immediate supervisor.
TRAVEL EXPENSES	Reimbursement for authorized travel shall be in accordance with legal requirements.  Accounting records shall accurately reflect that no state or federal funds were used to reimburse travel expenses beyond those authorized for state employees.
MILEAGE	To determine the number of miles traveled to an out-of-district destination using a personal vehicle, the employee shall use a point-to-point itemization mileage system documented by the readily available online mapping service of Mapquest. If this site is not readily available, the employee may use an alternate online mapping service.
MEALS	<del>An employee whose duties require travel outside of the District for at least six consecutive hours, without an overnight stay, shall be reimbursed for the actual cost of the employee's meals to a maximum total of \$27 per day.</del>  <del>An employee whose duties require overnight travel outside of the District, but within the state shall be reimbursed for the actual cost of the employee's meals to a maximum total of \$27 per day for the first and last day, and \$36 per day for all other days.</del>  <del>An employee whose duties require the employee to travel outside of the state shall be reimbursed for the actual cost of the employee's meals to a total not to exceed the federal domestic maximum per diem rates for the specific destination.</del>
DOCUMENTATION REQUIRED	For any authorized expense incurred, <b>except meals paid with local operating funds</b> , the employee shall submit a statement, with receipts documenting actual expenses and in accordance with administrative procedures.



## United Independent School District Request for Travel Authorization and Payment

This form must be turned in two weeks prior to the travel date

	Name: _____		Date: _____								
	Employee I.D. #/Vendor # _____	Home Address: _____	Zip Code _____								
	Dept. / Campus _____	Destination _____									
	Purpose of Trip: _____ (Attach Detailed Description of Activity/Registration Form)										
	Departure Date*: _____	Time: _____	Return Date: _____	Time: _____							
	*Note: Meal Allowances for same day travel (departing and returning on the same day) are taxable to the employee and allowance will be added to employees W2 Form as per IRS Code.										
	Itemized Meal Receipts are required for Federal/State Grants. Receipts are not required for General Operating Funds. (Meals may not exceed \$30 per day)										
Campus/Department	Breakfast (up to)	\$ 7.50 X _____	(# of days) = _____	(Depart before 8:00 a.m.)	A) \$ _____						
	Lunch (up to)	\$ 10.00 X _____	(# of days) = _____	(Depart before 12:00 p.m.)	B) \$ _____						
	Dinner (up to)	\$ 12.50 X _____	(# of days) = _____	(Depart before 6:00 p.m./Return after 6:00 p.m.)	C) \$ _____						
	<b>Lodging: Itemized Receipt Required</b>										
	Cost of Lodging:	_____	# of nights X \$ _____	= (Room Rate May Not Exceed GSA per diem rate)	D) \$ _____						
	City Tax:	_____ X _____	X _____	= (Exempt from State Tax)	E) \$ _____						
	(Room Rate) X Tax % X # of nights										
	Sharing Room with _____										
	Personal Vehicle:*	_____	# of Miles X 2 X _____	\$0.51/mile = _____	F) \$ _____						
	*(Attach directions from MapQuest.com/odometer readings are required for settlement)										
	Students Meals:*	# _____	X \$ _____	X _____ = _____	G) \$ _____						
	Money Given to Students	(# Students)	(\$ amount per meal)	(# of meals)	(A)+(B)+(C)+(D)+(E)+(F)+(G)	Sub-Total(1) \$ _____					
	*Initialed Student List Required Form 890-011										
	<b>ITEMS PAYABLE TO VENDORS</b>	Rental / Buses / Airfare Fees : Attach Requisition	Payable to _____		Deadline _____ / _____ / _____	(2) \$ _____					
		Registration Fees/Entrance Fees: Attach Requisition	Payable to _____		Deadline _____ / _____ / _____	(3) \$ _____					
	Student Meals: Attach Requisition	Payable to _____		Deadline _____ / _____ / _____	(4) \$ _____						
	<b>(1)+(2)+(3)+(4) = TOTAL FOR TRIP</b>				\$ _____						
<p>All employees shall be required to submit travel-related expense receipts within five (5) business days of their return from a District-related trip. An employee that fails to turn in their receipts for any travel-related expenses on two (2) separate occasions in a school/work year shall not be advanced any travel monies by the District on a subsequent District-related business trip and shall be required to submit a request for reimbursement of their travel-related expenses upon their return from the District-related business trip.</p> <p>By signing this statement, I authorize the district to payroll deduct any unsubstantiated amounts. Please read statement immediately above.</p>											
Budget Codes must be completed by the appropriate personnel before trip will be approved.											
	Signature of Claimant	Date	Fund Year	Func	Org	Prg. Code	Local Option	Obj	Sub Obj	Total	
	Immediate Supervisor	Date									
	Alternative Funding Source Approval	Date	Superintendent /Designee				Date				
	(Superintendent signature required on Out-of-State Trips)										
Curriculum & Instruction	Approval for Teacher Staff Development Only. Request must be approved two weeks in advance & before registration for workshop is submitted.										
	Exe. Dir.of Elem./Sec.Ed. or Dir.of Sp.Ed. _____					Date _____					
Accounting	For Accounting Office Use Only										
	Budget Accountant/Staff Accountant _____					Date _____					



**United Independent School District  
Official School Business Travel Settlement Statement**

This form must be turned in within 5 working days from return date

Employee Name: _____		Date: _____	
Employee #/Vendor I.D.#: _____		Home Address: _____	
Dept. /Campus: _____		Traveled To: _____	
Date Departed: _____	Time: _____	Date Returned: _____	Time: _____

**\*Note: Meal Allowances for same day travel (departing and returning on the same day) are taxable to the employee and allowance will be added to employee's W2 Form as per IRS Code.**  
**Itemized Meal Receipts are required for Federal/State Grants. Receipts are not required for General Operating Funds. (Meals may not exceed \$30 per day)**

Breakfast (up to)	\$7.50	X _____	(# of days) =	(Depart before 8:00 a.m.)	A) \$	-
Lunch (up to)	\$10.00	X _____	(# of days) =	(Depart before 12:00 p.m.)	B) \$	-
Dinner (up to)	\$12.50	X _____	(# of days) =	(Depart before 6:00 p.m./Return after 6:00 p.m.)	C) \$	-

**GSA report is required on original travel request**

Cost of Lodging (Itemized Receipt Req.)	X _____	= (Room Rate May Not Exceed GSA per diem rate)	\$	-
	# of nights Room Rate			

City Tax:	X _____	X _____	= (Exempt from State Tax)	E) \$	-
	(Room Rate) X Tax % X # of nights				

Shared room with: \_\_\_\_\_

Miscellaneous Expenses: (Receipts Required)	\$ _____	
	\$ _____	
	\$ _____	
Total Miscellaneous Expenses:	F) \$	-

**\*Mileage reimbursement is based on odometer readings, if odometer reading is greater than MapQuest, than use amount on advancement**

Mileage Advancement: (amount paid on original travel)	\$ _____
Odometer Reading Start _____ to Ending _____	X .51 per mile = \$ _____

If odometer reading total is less than mileage advancement difference is due to UISD; If odometer reading total is more, than use advanced amount

G) \$ \_\_\_\_\_

Students Meals:*	X _____	X _____	=	H) \$	-
Money Given to Students	(# Students)	(\$ amount per meal)	(# of meals)		

**\*An Initialed Student List Must Be Attached (Form 890-011)**

(A)+(B)+(C)+(D)+(E)+(F)+(G)+(H) **TOTAL EXPENDITURES** \$ \_\_\_\_\_

Advance Payment: UISD Check # _____	Date: _____	Less Total Advance _____
Amount Due to Employee/ Amount Due to UISD		\$0.00

All employees shall be required to submit travel- related expense receipts within five (5) business days of their return from a District-related trip. An employee that fails to turn in their receipts for any travel-related expenses on two (2) separate occasions in a school/work year shall not be advanced any travel monies by the District on a subsequent District-related business trip and shall be required to submit a request for reimbursement of their travel-related expenses upon their return from the District-related business trip.

Explanations:(Remarks):	Fund Year	Func	Org	Prg. Code	Local Option	Obj	Sub Obj	Total	
<b>For Accounting Office Use Only</b>									
Computed by _____	Date _____	Accounting Assistant _____					Date _____		
Immediate Supervisor _____	Date _____	Budget Accountant/Federal Programs _____					Date _____		