



# UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

**TOPIC:** First 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:** June 22, 2011

**RECOMMENDATION:**

It is recommended that the United ISD Board of Trustees approve First 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

~~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.~~

~~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.~~

~~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.~~

DOCUMENTATION  
REQUIRED

For any authorized expense incurred, **except meals paid with local operating funds**, 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

| <b>Campus/Department</b>  | Name: _____  |  | Date: _____   |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
|---|--|--|---|--------------|-----------|---------|-------|-----------|--------------|-----|---------|-------|--|--|--|--|--|--|--|--|
|   | Employee I.D. #/Vendor # _____   |  | Home Address: _____   |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
|   | Dept. / Campus _____   |  | Destination _____   |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
|   | Purpose of Trip: _____   |  | (Attach Detailed Description of Activity/Registration Form) |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
|   | Departure Date*: _____ Time: _____   |  | Return Date: _____ Time: _____                              |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
|   | <p><b>*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.</b></p> <p>Itemized Meal Receipts are required for Federal/State Grants. Receipts are not required for General Operating Funds. (Meals may not exceed \$30 per day)</p> |  |   |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
|   | 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) \$ _____  |   |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
| <p><b>Students Meals:*</b> # _____ X \$ _____ = _____ G) \$ _____</p> <p>Money Given to Students (# Students) (\$ amount per meal) (# of meals)</p> <p><b>*Initialed Student List Required Form 890-011</b> (A)+(B)+(C)+(D)+(E)+(F)+(G) Sub-Total(1) \$ _____</p>   |  |  |   |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
| <b>ITEMS PAYABLE TO VENDORS</b>   | Rental / Buses / Airfare Fees: Attach Requisition  |  | (2) \$ _____  |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
|   | Payable to _____ Deadline: ____/____/____  |  |   |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
|   | Registration Fees/Entrance Fees: Attach Requisition  |  | (3) \$ _____  |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
|   | Payable to _____ Deadline: ____/____/____  |  |   |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
|   | 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> |  |  |   |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
| <p>Budget Codes must be completed by the appropriate personnel before trip will be approved.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fund Year</th> <th>Func</th> <th>Org</th> <th>Prg. Code</th> <th>Local Option</th> <th>Obj</th> <th>Sub Obj</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>  |  |  |   |              | Fund Year | Func    | Org   | Prg. Code | Local Option | Obj | Sub Obj | Total |  |  |  |  |  |  |  |  |
| Fund Year   | Func   | Org  | Prg. Code   | Local Option | Obj       | Sub Obj | Total |           |              |     |         |       |  |  |  |  |  |  |  |  |
|   |  |  |   |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
| Signature of Claimant _____   |  | Date _____   |   |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
| Immediate Supervisor _____  |  | Date _____   |   |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
| Alternative Funding Source Approval _____   |  | Date _____   |   |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
|   |  | <p>Superintendent /Designee _____ Date _____</p> <p><b>(Superintendent signature required on Out-of-State Trips)</b></p> |   |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
| <b>Curriculum &amp; Instruction</b>   | <p>Approval for Teacher Staff Development Only.</p> <p>Request must be approved two weeks in advance &amp; before registration for workshop is submitted.</p>  |  |   |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
|   | Exe. Dir.of Elem./Sec.Ed. or Dir.of Sp.Ed. _____   |  | Date _____  |              |           |         |       |           |              |     |         |       |  |  |  |  |  |  |  |  |
| <b>Accounting</b>   | 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: _____   |           |              |     |         |       |
| <p><b>*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.</b></p> <p>Itemized Meal Receipts are required for Federal/State Grants. Receipts are not required for General Operating Funds. (Meals may not exceed \$30 per day)</p>   |                             |  |   |           |              |     |         |       |
| 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.)   | # of nights X _____         | Room Rate _____  | = (Room Rate May Not Exceed GSA per diem rate) \$ _____ - |           |              |     |         |       |
| City Tax:   | (Room Rate) X _____         | Tax % X _____  | # of nights _____ = (Exempt from State Tax) E) \$ _____ - |           |              |     |         |       |
| 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:*  | (# Students) X _____        | (\$ amount per meal) X _____                                   | = H) \$ _____ -   |           |              |     |         |       |
| <p><small>Money Given to Students</small></p> <p><small>*An Initialed Student List Must Be Attached (Form 890-011)</small></p>  |                             |  |   |           |              |     |         |       |
| (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  |           |              |     |         |       |
| <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> |                             |  |   |           |              |     |         |       |
| Explanations:(Remarks):   | Fund Year                   | Func   | Org   | Prg. Code | Local Option | Obj | Sub Obj | Total |
| _____   |                             |  |   |           |              |     |         |       |
| _____   |                             |  |   |           |              |     |         |       |
| _____   |                             |  |   |           |              |     |         |       |
| Computed by _____   | Date _____                  | For Accounting Office Use Only                                 |   |           |              |     |         |       |
| Immediate Supervisor _____  | Date _____                  | Accounting Assistant _____ Date _____                          |   |           |              |     |         |       |
|   |                             | Budget Accountant/Federal Programs _____ Date _____            |   |           |              |     |         |       |