

CLAIM FOR REIMBURSEMENT OF EMPLOYEE EXPENSES
ANOKA-HENNEPIN INDEPENDENT SCHOOL DISTRICT #11

Employee Legal Name _____ Employee (Badge) No:* _____

Street Address* _____ City _____ Zip _____

Departure*: Date _____ Time _____ a.m. p.m.

Return*: Date _____ Time _____ a.m. p.m.

Destination* _____ Purpose* _____

*Required information. Claim will not be processed if not complete. Include City and State. Refer to reverse side for instructions

I. TRANSPORTATION:

- 1. Commercial coach airfare: (Detail Receipt) \$ _____
2. Mileage: _____ miles @ IRS approved rate \$ _____ \$ _____
3. Other _____ \$ _____

II. MEALS: (\$42.00 daily per diem for in state travel. Breakfast(s) \$8.00 maximum, Lunch(s) \$14.00 maximum, and Dinner(s) \$20.00 maximum. Per diem rates will change for out of state travel. Reference out of state travel per diem document to obtain rate. Original itemized receipts are required.

Table with 4 columns: Dates, Breakfast \$, Lunch \$, Dinner \$. Multiple rows for data entry.

Receipts are required for less than a full day and required for meals that are not provided by the conference.

TOTAL MEALS \$ _____

III. LODGING: (Detailed Receipts required)

TOTAL LODGING \$ _____

IV. MISCELLANEOUS: (Detailed Receipts required)

Registration _____; Cab/Limousine _____

Parking _____; Other _____

TOTAL MISC. \$ _____

TOTAL EXPENSES CLAIMED \$ _____

I declare under penalties of law that this claim is just and correct and that no part of it has been paid previously.

Date Claimant's Signature

Program Budget Code _____

*If this is for out of state travel, attach a copy of the out of state approval form.

APPROVED BY:

Administrator/Supervisor _____

Finance Officer _____

Please print and sign this form, attach all original ITEMIZED receipts, and forward to your supervisor for approval.

EXPENSE REIMBURSEMENT

I. TRANSPORTATION

- A. Commercial Airfare (coach) or lower group fare.
- B. Mileage at the IRS established rate.
- C. Mileage to and from airport may be included on regular mileage report.
- D. Use of rental car must be preapproved by the Chief Financial Officer. Rental car use will generally be a nonreimbursed item.

II. MEALS

Daily Per Diem Rate-In State		Daily Per Diem Rate-Out of State	
Daily Rate-no receipt required	\$42.00	The daily rate will be the GSA CONUS Standard Rate for the destination Metropolitan area—no receipts required.	
Breakfast- Detailed Receipt Required	\$8.00	Breakfast- Detailed Receipt Required 20% of daily rate	
Lunch- Detailed Receipt Required	\$14.00	Lunch- Detailed Receipt Required 25% of daily rate	
Dinner- Detailed Receipt Required	\$20.00	Dinner- Detailed Receipt Required 55% of daily rate	

- A. Meals that are part of registration should not be itemized on the reimbursement claim under meals. The cost of those meals will be reimbursed under registration.
- B. Reimbursement of meal expenses incurred in the Twin Cities Area only when:
 1. Meals are part of registration or clearly identified group or organization meeting for which attendance is authorized.
 2. Employee is supervising approved student activity.
 3. A workshop or conference outside of the District is conducted before and after a meal, e.g., morning-afternoon; afternoon-evening.

Example of how to fill out the meals reimbursement claims:

Meals: **(Itemizing and detailed receipts required when full day per diem of \$42 is not applicable)**

Breakfast(s)	4/12:	4/13:	\$8.00	4/14:	\$5.25
Lunch(es)	4/12:	4/13:	\$14.00	4/14:	\$7.50
Dinner(s)	4/12:	4/13:	\$20.00		

*receipts would not be required for 4/13, but would be for 4/12 and 4/14

III. LODGING

- A. Actual cost of lodging (as per reservations made through district) receipt required.
- B. Double occupancy is required when possible.
- C. Lodging expenses in the Twin Cities area reimbursed only when employee is a supervising student as part of an approved activity.

IV. MISCELLANEOUS

- A. Registration
- B. Cab
- C. Parking, etc. Receipts must be provided. If you are not provided with one, ask for one.
- D. Parking at Minneapolis International Airport not to exceed 5 days (long-term lot only). Off Site airport parking is more efficient.

V. CLAIMS

All claims for reimbursement are to be submitted **within 60 days** of the activity for which reimbursement is claimed. In very unusual circumstances, the Superintendent has administrative authority to deviate from this limitation.

VI. ADVANCES

Advances to employees for 90% of anticipated expenses to be incurred in the performance of certain responsibilities out of the Twin Cities metro area may be granted subject to the following:

- A. Expenses must be incurred as a part of the employee's regular assignment; and will not apply for attending conferences, workshops, conventions, etc.
- B. Applicable only for meals, mileage, and incidental expenses for which reimbursement is authorized; and does not apply for lodging or common carrier transportation for which direct billing is available.
- C. Anticipated expenses must exceed \$50 per month.
- D. All district policies/procedures governing per diem, receipts, reports, etc., are applicable.