## Terrell County Charter School System Travel Reimbursement Procedures

## Travel Reimbursement Procedures

The Terrell County School System Travel Policy is located on the district website at <a href="http://terrell.schooldesk.net/Home/Employees">http://terrell.schooldesk.net/Home/Employees</a>. This website also includes the travel reimbursement forms (Travel Expense Statement).

On the travel reimbursement form you will need to include:

- Department: the Department name that approved your travel
- Travel Date(s): the date you departed through the date you returned
- Name: your legal name according to our payroll records
- Title: your job title
- Employee ID#: last four(4) of your SSN
- Office: address for the building where you work
- Home: address you have submitted to our payroll department
- Purpose of Trip: Name of the conference or training you attended
- Meals: include the date you departed and the time (be sure to include a.m. or p.m.); include the meal code\*, city and amount based on the eligibility according to our travel policy for each day you are on travel status; include the date you returned and the time you returned to your work location or equivalent based on the travel policy (be sure to include a.m. or p.m.).
- Lodging: only include if you paid for your lodging with personal means and submit original receipts
- Registration Fee: only include if you paid for fees with personal means and submit original receipts
- Personal Vehicle Mileage: only include if you used your personal vehicle; include the date of departure, Origin (beginning location), Points Visited, Destination, beginning odometer, ending odometer; if employee is on overnight travel, the first line may be completed without including the ending odometer and completing the second line without including the beginning odometer.
- Mileage Rate\$: The State travel reimbursement rate published by the State Accounting Office will be used.

- Person(s) traveled with: names of employees riding in the same vehicle
- Parking, Tolls, Porterage: include the date, description and amount along with original receipts
- Miscellaneous Expenses: include the date, description and amount along with original receipts for any prior approved work related expenses other than addressed in other sections

Conference agenda or event information stating the dates and times should be submitted for support of the request. The completed and signed travel reimbursement forms along with the conference agenda or event information stating the dates and times should be submitted to the department that approved your travel within 60 days of the completion of the travel event.

Please contact the department that approved your travel or the central office accounting department if you have any other questions.

NE-Not Eligible: Meals not occurring within eligible depart and return times or meals included in registration fees. REG-In State Regular: B/L/D: 6.00/7.00/15.00

HGH-In State High Cost: B/L/D: 7.00/9.00/20.00 (Limited to Chatham, Cobb, DeKalb, Fulton, Glynn, and Richmond Counties)

<sup>\*</sup>Meal Code Descriptions: