

<p>TOPEKA PUBLIC SCHOOLS</p> <p>SUBJECT:</p> <p>REQUEST FOR REIMBURSEMENT FOR IN-DISTRICT TRAVEL</p>	<p>REGULATION NUMBER: 2100-3</p> <p>DATE OF ISSUE: 08/01/90</p> <hr/> <p>REVISIONS: 02/04/00; 01/01/01; 03/05/01</p> <hr/> <p>PREPARING OFFICE: BUSINESS OFFICE</p>
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I. PURPOSE:

To establish procedures for reimbursement of staff for in-district travel mileage.

II. PERSONNEL AFFECTED:

All district staff eligible for mileage reimbursement for in-district travel.

III. PROCEDURE:

A. FORMS

To be reimbursed the requester must complete, sign, and submit Forms No. 8035-00 and No. 8038-00 verifying the use of a personal vehicle. These forms are available from stockroom supplies. Form No. 8035-00 may be photocopied but should be submitted on only one-sided paper.

B. TRANSMISSION

1. Requests for General Fund, Title I, Vocational Education and ESL (English-as-a-Second Language) reimbursements must be reviewed and approved by the requestor's supervisor and then the appropriate paying cost center administrator. If the requestor's supervisor and appropriate cost center administrator are one and the same, the cost center administrator's supervisor will provide the second approval.
2. Requests for reimbursement for Head Start and the magnet school grant must first be reviewed and approved by the fund supervisor and then be forwarded to the associate superintendent.
3. Requests for reimbursement from Special Education must be transmitted first to the department administrator for approval and then forwarded to the general director of special education.

08/01/90

Revisions: 02/04/00; 01/01/01; 03/05/01
Schools

Topeka Public

4. Requests for reimbursement from the inservice fund must be initially reviewed and approved by the activity supervisor, then forwarded to the director of staff development and continuing education for approval.

C. MILEAGE CHART

The requester will indicate mileage traveled in accordance with the mileage chart prepared by the district.

D. PAYMENT

Reimbursement shall be at the maximum amount allowed by the IRS as determined by the business office. Whenever the IRS rate changes, the business office will notify all school district employees. Reimbursement requests should be submitted monthly or after 100 miles of travel have occurred. Requests for mileage reimbursement at the end of a school year must be submitted by June 15. Any claim for mileage incurred more than 60 days prior to receipt in the Business Office will be processed through the payroll system with all applicable taxes withheld.

Mileage reimbursements will not be made for commuting to and from an employee's residence and their regularly assigned work station. Mileage will only be reimbursed for approved trips on school district business.

**UNIFIED SCHOOL DISTRICT NO. 501
IN-DISTRICT TRAVEL REIMBURSEMENT**

Fund _____ Cost Center _____ Account _____

Dates Covered: February 4, 2001 through February 29, 2001

NOTE: YOU MUST LIST ONLY ONE TRIP PER LINE

DATE OF TRIP	MILEAGE	LOCATION FROM TO	ACTIVITY, PURPOSE, AND/OR AUTHORIZATION
01/07/99	2.1	Service Center to Ross	QPA Meeting
	4.0	Ross to Jardine	CPR Class
01/15/99	5.9	Ross to Whitson	Multicultural Class
	3.5	Whitson to Service Ctr	Set up Schedule
01/29/99	1.6	Service Center to HPC	Pick up Supplies
	2.3	Service Center to Shaner	Visual Testing

19.4 Miles @ 34-1/2 cents per mile = \$ 6.69

I certify that this statement, the amounts claimed, and the attachments are true, correct, and complete to the best of my knowledge and belief and that payment for the amount claimed has not been received.

Date: February 29, 2001 Signature of Claimant: Jane Doe Social Security Number 000-44-2259 Approval _____

The above figures are provided as an example only. The actual per mile rate approved by the IRS will be verified and calculated on the form by the business office.

REQUEST FOR REIMBURSEMENT FOR IN-DISTRICT TRAVEL (Continued)

Jane Doe

624 SW 24 Street

Topeka

Kansas

66611

MILEAGE REIMBURSEMENT

2/4/01-2/29/01

EXAMPLE

REMEMBER: mileage x approved IRS rate= total amount due

Chase	Gage	120	.345	\$41.40
				\$41.40

REQUEST FOR REIMBURSEMENT FOR IN-DISTRICT TRAVEL (Continued)
IN-DISTRICT TRAVEL (Continued)

06/18/80

Revisions: 02/07/97; 01/22/98; 01/01/01

(This is the form that is printed for the Business Office. Remove this line before printing)

**UNIFIED SCHOOL DISTRICT NO. 501
IN-DISTRICT TRAVEL REIMBURSEMENT**

Fund _____ Cost Center _____ Account _____

Dates Covered: _____ through _____

NOTE: YOU MUST LIST ONLY ONE TRIP PER LINE

DATE OF TRIP	MILEAGE	LOCATION FROM TO	ACTIVITY, PURPOSE, AND/OR
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REQUEST FOR REIMBURSEMENT FOR IN-DISTRICT TRAVEL (Continued)

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_____ Miles @ _____ cents per mile = \$ _____

I certify that this statement, the amounts claimed, and the attachments are true, correct, and complete to the best of my knowledge and belief and that payment for the amount claimed has not been received.

Date: _____ Signature of Claimant: _____

Social Security Number _____ Approval _____

Stockroom No. 8035-00

Form No. FB-13

Rev. 02/97