TOPEKA PUBLIC SCHOOLS

REGULATION NUMBER: 2100-3

SUBJECT:

DATE OF ISSUE: 08/01/90

REQUEST FOR REIMBURSEMENT FOR IN-DISTRICT TRAVEL

REVISIONS: 02/04/00; 01/01/01; 03/05/01

PREPARING OFFICE: BUSINESS OFFICE

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 Topeka Public

Schools

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.

08/01/90

Revisions: 10/17/97; 02/04/00; 03/05/01 Topeka Public Schools

UNIFIED SCHOOL DISTRICT NO. 501 IN-DISTRICT TRAVEL REIMBURSEMENT

Fund _____ Cost Center ____

Dates Covered:	February 4, 2001	throughFebruary	29, 2001
NOTE: YOU MUST I	LIST ONLY <u>ONE</u> TRII	P PER LINE	
DATE OF T	RIP 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
	1.6	Service Center to HPC	Pick up Supplies
01/29/99	2.3	Service Center to Shaner	Visual Testing

_____ Account _____

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, 2	2001	Signature of Claimant:	Jane Doe	Social Security
Number	000-44-2259	Anaroval			

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.

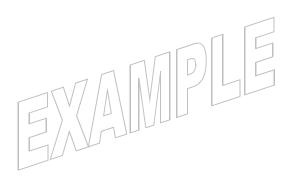
Stockroom No. 8035-00 Form No. FB-13 Rev. 02/97

Jane Doe 624 SW 24 Street

Topeka Kansas 66611

MILEAGE REIMBURSEMENT

2/4/01-2/29/01



REMEMBER: mileage x approved IRS rate= total amount due

120 .345 \$41.40 Chase Gage

\$41.40

$REQUESTURS REPRESENTATION FOR ISTRICT\ TRAVEL\ (Continued)$

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	Γ ONLY <u>ONE</u> TRIP PER LINE	

DATE OF TRIP	MILEAGE	LOCATION	ACTIVITY, PURPOSE,
		FROM TO	AND/OR

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		ounts claimed, and the			0
the best of my l	knowledge and belief	f and that payment for t	he amount claimed has	not been received.	
Data	C: am a truma	of Claimant:			
Date:	Signature (or Claimant:			
Social Security	Number	Approval			
Stockroom No.		·-PP- · · ···			
Form No. FB-1	3				
Rev. 02/97					