

CASH ADVANCE / REIMBURSEMENT FORM

Approved / /2022

Employees of the Kimberly School District No. 414 must receive prior approval of all out-of-district travel or the district will not be responsible for the payment of the travel expenses. These expenses receive approval through the Request for Leave form.

Name _____ School _____

Destination _____ Purpose for Travel _____

Dates of Meeting _____ Mode of Transportation _____

Days Away from School _____ Expenses Paid by Some Other Organization? Yes _____ No _____

If Yes-Name, Address, Phone # _____

NOTE - Please skip to Reimbursement Request if Cash Advance is not being requested.

CASH ADVANCE REQUEST - Must be turned in 6 weeks prior to travel for Board approval

Cash Advance Requested.....\$ _____

I hereby agree to return this form with the Reimbursement Request portion completed within 10 days of my return. If this procedure is not followed, the business office has permission to deduct the total cash advance from my paycheck.

Signature for Cash Advance _____ Date _____

Principal/Director/Coordinator's Signature _____ Date _____

REIMBURSEMENT REQUEST - Original receipts must accompany the reimbursement request

Transportation - Actual mileage in your vehicle x \$.58.5/mi.....\$ _____

Transportation - Airfare, Taxi, Parking, etc. (attach receipts, if possible).....\$ _____

Lodging - Single Rate (attach receipt).....\$ _____

Registration Fee - if not using Credit Reimbursement funds (attach receipts).....\$ _____

Meals (for entire trip must either attach receipts OR use per diem amount).....\$ _____

Per Diem = \$45 (Breakfast \$10, Lunch \$15, Dinner \$20); Exception - If over the per diem amount you must provide receipts for no more than three (3) meals per day and receive approval from the financially responsible administrator. (Less may be approved if agreed by both parties.)

To Qualify meal must not be provided by conference/organization and:

Breakfast: Must depart for travel at 7 am or before, or return from travel at 8 am or after.

Lunch: Must depart for travel at 11 am or before, or return from travel at 2 pm or after.

Dinner: Must depart for travel at 5 pm or before, or return from travel at 7 pm or after.

SUB-TOTAL.....\$ _____

LESS ADVANCES (if any).....\$ _____

LESS REIMBURSEMENT BY OTHERS (if any).....\$ _____

AMOUNT DUE EMPLOYEE OR REFUND DUE DISTRICT.....\$ _____

I hereby certify that the above amount is correct and just and that the reimbursement request is a true representation of the amount due me.

Signature of Claimant _____ Date _____

Approved _____ Denied _____ Charge to Budget Account Name/Number _____

Principal/Director/Coordinator's Signature _____ Date _____

Business Manager's Signature _____ Date _____