



Instructions for Travel Reimbursement Request Form

1. **Name:** This should be the name of the person the check should be made payable to. DO NOT use nick-names.
2. **S.S. #:** Please use only the last 4 digits of the employee's social security number.
3. **Today's Date:** Use the date form is completed.
4. **School/Department:** The location within the district where the employee works.
5. **Travel Period:** The range of dates that are included in this request for reimbursement.
6. **From & To (locations):** These are the out-of-district and in-district locations to which the employee is traveling.
7. **Total Mileage:** Actual mileage should be entered. The dollar amount will automatically calculate.
8. **Out of Pocket Expenses:** Enter all expenses on a daily basis. Detailed original receipts for **all** expenses must be attached as proof that the expense was paid. Attach a Mapquest or GoogleMaps printout for out-of-district travel. Use In-District Mileage Chart (Exhibit 6-B) for in-district distances.
9. **Reason For Trip:** List your purpose for traveling (i.e. Meeting, Conference, Bank Deposit, etc.).
10. **Meals:** Meals may be reimbursed for actual expenditures incurred up to the district's meal allowance. Allowance includes tips. Meals must be within the guideline of the charts below. When meals are provided with the conference registration, those meals will not be reimbursed.
11. **Totals:** If total expenses are greater than expenses are greater than expenses paid on the P-Card and any advances received, the employee should attach a check payable to Rock Hill School District Three.
12. **Signatures:** Employee and Principal/Supervisor must both sign the form. If there are multiple pages, each page must be signed. Delegations of Authority **will not** be authorized to sign for any type of reimbursement.
13. **Submissions:** Send the form to Finance **by the 10th** of the following month of the dates covered. ESE, Instruction, and Technology **must** submit forms monthly. All other schools and departments may submit on a monthly basis OR on a quarterly basis with the following submission dates: *March 31st due by April 10th; June 30th due by July 25th; September 30th due by October 10th; December 31st due by January 10th*
14. **REQUEST FOR REIMBURSEMENT MUST BE MADE WITHIN 10 WORKING DAYS AFTER COMPLETION OF TRAVEL.**

Per Diem Allowance for RHSD Overnight Travel

Meal	Depart Before	Return After	In-State	Out-of-State
Breakfast	7:00 a.m.	10:00 a.m.	\$8.00	\$10.00
Lunch	11:00 a.m.	2:00 p.m.	\$11.00	\$15.00
Dinner	5:00 p.m.	8:00 p.m.	\$25.00	\$29.00

Note: Federal Funds (Grants) will only cover up to the State Per Diem allowance per meal. When meals exceed State Per Diem, General Funds will cover the difference.