

**Red Clay Consolidated School District
Travel Reimbursement - Checklist**

Please complete this checklist and return the Travel Documents & checklist to the Business Office.

Employee Name	Employee #	Date

eSupplier information must be updated in State Financial System Link: https://esupplier.erp.delaware.gov Direct Questions to State of Delaware, Division of Accounting at 302 672 5000 eSupplier Team		

Checklist		

Approved Absence (must be approve prior to travel)		

Out of State Travel Reimbursement Form		

Travel Reconciliation Page		

Copy of Registration and Agenda from Conference		

Receipts for Baggage (if appropriate)		

Receipts for Parking (if appropriate)		

Receipts for Transit, (To/From Airport to Conference)		

Receipts for Meals (must be an itemized receipt) (If taking standard meal rate of \$46.00/daily no receipts required)		

Approval by Principal or your Supervisor must be on		

Out of State Travel Reimbursement Form		

IMPORTANT

All documents submitted to the business office must be originals. Emailed, faxed, or scanned documents will not be accepted. Incomplete packets will be returned. Keep a copy of everything submitted.



Travel Reimbursement Form
Red Clay Consolidated School District
 1502 Spruce Avenue
 Wilmington, DE 19805

Business Office use:

PV #	_____
Vendor #	_____
Date entered:	_____
Reviewed:	_____

Name _____ Employee Id # _____ Date _____

Home Address _____ City _____ State _____ Zip _____

Total Reimbursement \$ _____

Travel Reconciliations sheet must be attached including detailed receipts, registration, mileage detail and absence request approval. If meal receipts are not itemized your entire meal reimbursement will be changed to reflect the no receipt rate of \$46 per day

Attach detail page and receipts
 Description: Please attach all receipts, registration, mileage detail or absence request approvals.

Date	Description	Amount
Mileage (54101)		
Airline/Railway/Taxi (54102)	Train/Airline Flight Departure Time _____ Return Time _____	
Meals (54103)		
Hotel Lodging (54104)		
Baggage/Parking/Tolls (54105)		
Conference Registration (55631)		
Total		\$ _____

Coding: Please fill out the department funding below for all expense charges.

Budget Ref (FY)	Fund	Dept	Operating Unit	Appr	Acct Code Desc	Account	Category Code	Program	Location	PC Bus Unit	Project	Activity (I or A)	Amount
					Mileage	54101	900000000						
					Airline, train, shuttle, taxi	54102	78110000						
					Meals	54103	901000000						
					Lodging out of state	54104	90110000						
					Other exp-out of state	54105	900000000						
					Conference Registration	55631	94100000						
Total													\$ _____

Employee Certification

I do solemnly swear that the above mentioned expenses were incurred as a necessary expenditure in the conduct of state business and that the representations contained in this form are true and

Employee Signature _____ Date _____

Manager 1 Approval _____ Date _____

Manager 2 Approval _____ Date _____

Submit all Original documentation to the Red Clay Consolidated School District Business Office

Red Clay Consolidated School District Travel Reconciliation Worksheet

Name: _____

Employee ID _____

All requests for travel reimbursement must be submitted within 10 days of return

Departure Time

Time

Date	Plane/ Railroad	Bus/Taxi	Hotel/Parking	Baggage Fee	Breakfast	Lunch	Dinner
Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Note: Please put receipts for each day on one line. Example 1/15/20XX arrive; taxi, baggage fee, lunch & dinner receipts for that day on line 1.

Standard Meal Rate without receipts is \$46.00 per day. If you are missing a detailed receipt for a meal you must use the standard rate for the entire reimbursement request.

Mileage Reimbursement

Date	To	From	Number of Miles	Tolls
Total Miles			-	-

Mileage Rate: Number of miles * \$0.40

Mileage Reimbursement

\$ -	\$0.00
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Total Travel reimbursement request:

\$ -

