Ann Arbor Public Schools

**Request and Claim for Reimbursement**

Off-site Conference and/or Workshop

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click here to enter text. | Position: | Click here to enter text. |
| Building: | Click here to enter text. | Phone: | Click here to enter text. |
| Conference: | Click here to enter text. | | |
| Location: | Click here to enter text. | Dates: | Click here to enter text. |
|  | Total Hour Attended: | | Click here to enter text. |
|  |  | |  |
|  |  | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Expense Information** |  | **Estimated Expenses** |  | **Actual Expenses** |  |  |
| **See Reverse side for procedures and rate of reimbursements** | | | | |  |  |
| Transportation | $ | Click here to enter text. | $ | Click here to enter text. |  | Office Use Only |
| Lodging (1 nights) | $ | Click here to enter text. | $ | Click here to enter text. |  |  |
| Meals | $ | Click here to enter text. | $ | Click here to enter text. |  |  |
| Registration | $ | Click here to enter text. | $ | Click here to enter text. |  |  |
| Other | $ | Click here to enter text. | $ | Click here to enter text. |  |  |
| Total Expenses | $ | Click here to enter text. | $ | Click here to enter text. |  |  |
| Expenses paid by PO/Pcard: | $ | Click here to enter text. | $ | Click here to enter text. |  |  |
| Reimbursement Approved | $ | Click here to enter text. | $ | Click here to enter text. |  |  |

Please submit this form to immediate Supervisor and Department providing funding (if different).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Application Approval** | |  | **Reimbursement Approval** |
| Claimant |  | |  |  |
| Principal/Supervisor | Date | |  | Date |
| Budget Manager | Date | |  | Date |
| Account Code | Date | |  | Date |
| Director of Finance Approval for Payments | |  | | |

Ann Arbor Public Schools

**Procedures and Rate of Reimbursement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transportation: | Coach/Economy  Air/Train/Rental Car  For own car mileage | It is recommended that transportation be paid through a purchase order (PO).  If claimant is to be reimbursed for transportation, an actual receipt and boarding pass (if applicable), must be attached.  Show miles x IRS rate = Total | | |
| Lodging: |  | It is recommended that lodging be paid through a PO. If claimant is to be reimbursed for lodging, an actual receipt must be attached. | | |
| Meals: |  | At the discretion of the Department providing funding: Food and 15% tip is included in the per diem rates. No receipt required – reimbursement will be as follows: | | |
| Meals Allowable  Breakfast  Lunch  Dinner | Leave Before  7:00 am  11:30 am  5:30 am | Return After  8:00 am  1:00 pm  6:30 pm | Reimbursement Amount  $6.00  $9.00  $20.00 |
|  |  | Maximum reimbursement per day: $35.00  Note: Meals included in conference workshop cost can not be claimed as a per diem expense. The maximum reimbursement is prorated for partial travel days. | | |
| Registration: | | It is recommended that registration be paid through a PO. If claimant is to be reimbursed for registration, attach a copy of the registration from, receipt or cancelled check. | | |
| Other: | Business calls/faxes | Attach actual receipt.  Attach actual receipt.  Attach actual receipt and charge to applicable account code.  Maximum reimbursement $3.00/full (overnight) day. | | |
| Total Expenses: | | Subtotal the above categories. | | |
| Expenses paid by PO: | | The Department or supervisor providing funding must list items that will be paid by PO and include the PO number on the front of the form or attach copy of PO. | | |
| Reimbursement Approved: | | This is the amount due back to the individual claimant. It represents the “Total Expenses” line less “Expenses paid by a PO” line. | | |
| This form should be completed for ALL Off-site Conference or Workshops, requiring reimbursement. (Off-site= not in an AAPS building and/or sponsored by AAPS.)  Prior to travel, the conference workshop must be approved by the employee’s immediate supervisor and Department providing funding (if different).  Michigan Sales tax will NOT be reimbursed. (Tax exempt ID included on PO.)  Exclude expenditures for family members.  The account code to charge for conference/workshops is xx.xxxx.3220.xxxx.xxxx.xxxxx.xxxx, except for materials (books, etc.) purchased at the conference. | | | | |