

## STAFF CONFERENCES/TRAININGS WORKSHOPS

Travel shall be authorized or approved in advance by the employee's supervisor.

Travel by privately owned automobile shall be reimbursed at a per mile rate as established by the state of South Dakota, "state rate", when traveling on official business. Air travel accommodations are limited to one tourist seat per individual. In no case may the mileage allowance exceed the round trip air fare.

Employees shall be allowed reimbursement for meals and lodging when traveling overnight on official school business as per in-state and out-of-state rates as established by the state of South Dakota, "state rate". When in-state rates are not available, employees will be reimbursed their actual lodging expenses. Reimbursement for rates that exceed in-state rates must receive prior approval by the employee's immediate supervisor.

Requested meal allowances that are associated with an overnight stay are to be included on the authorized travel statement along with other travel expenses, as indicated below. Meals not associated with overnight travel are the responsibility of the employee and will not be reimbursed.

Employees shall be reimbursed for meals that are associated with an overnight stay when they are conducting official school business between the times stipulated below:

Breakfast	5:31 A.M.	7:59 A.M.
Lunch	11:31 A.M.	12:59 P.M.
Dinner	5:31 P.M.	7:59 P.M.

Employees requesting reimbursement must submit a claim on an authorized travel statement. The claim must be itemized and state the purpose of the travel. Receipts for expenditures related to lodging and transportation, but excluding meals, must be submitted to support a claim for reimbursement. Meals will be reimbursed as stated by the claim reimbursement (form attached). Lodging and transportation claims must be supported by a receipt.

07/01/93

11/94

07/01/95

06/09/97

01/11/99

07/08/02

05/10/10

**2010 Watertown School District - Travel Statement/Claim**

Name of Claimant: \_\_\_\_\_  
 Address of Claimant: \_\_\_\_\_  
 School/Location: \_\_\_\_\_

Principal/Supervisor: \_\_\_\_\_

**NOTICE:** All claims must be completely and clearly itemized and documented.  
 Claims for lodging, common carriers, registrations or cash expenditures  
 (other than meals) must be supported by attached receipts.

DATE	TIME OUT	TIME IN	DESTINATION	PURPOSE OR REASON FOR THE TRAVEL	MILES	LODGING*	MEALS		
							Brkfst	Lunch	Dinner
<b>TOTALS --&gt;</b>									

Common carrier expenses - Required receipts attached		
DATE	FROM	TO
<b>TOTAL--&gt;</b>		

Other related expenses - Required receipts attached		
DATE	PAID TO	FOR
<b>TOTAL--&gt;</b>		

**NOTE: Only the meals that are in conjunction with an overnight stay will be reimbursed.**

	In-State	Out-of-State	When Leaving		When Returning	
			Before	After	Before	After
Breakfast	\$5.00	\$8.00	5:31 a.m.	7:59 a.m.		
Lunch	\$9.00	\$11.00	11:31 a.m.	12:59 p.m.		
Dinner	\$12.00	\$17.00	5:31 p.m.	7:59 p.m.		

Total miles @ \$.37 per mile \$  
 Total meals claimed \$  
 Total common carrier expenses \$  
 Total other costs as listed \$  
**Total Claim \$**

Lodging \$46.50 Plus Tax \$150.00 \*Lodging claims in excess of these rates received prior approval from my immediate supervisor due to state rates not being available.

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

Expense authorization/code: \_\_\_\_\_ Amount \$  
 \_\_\_\_\_ \$  
 \_\_\_\_\_ \$  
**Total Authorized: \$**

Signed: \_\_\_\_\_  
 Principal/Director/Supervisor

I declare and affirm under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief, is in all things true and correct. I further certify that the attached receipts are also true and correct.

Signed: \_\_\_\_\_  
 Claimant