MILEAGE REIMBURSEMENT

ADMINISTRATIVE POLICY AND PROCEDURES

1. Mileage Reimbursement - The provisions of this section apply to all district representatives.

Individuals shall be reimbursed for the use of their personal automobiles when used on district business. Reimbursement shall be at the current IRS (Internal Revenue Service) rate. As of January 2020, this rate is \$.575 per mile.

2. The use of private cars is limited to activities within the scope of the employee's assigned responsibility, and <u>mileage</u> reimbursement requires prior approval of the immediate supervisor.

The use of private cars by a non-employee is to be strictly on a volunteer basis, and mileage reimbursement is not authorized for such persons.

The comprehensive liability insurance covering the Holtville Unified School District includes coverage for the liability of employees and volunteers of the school district or a third party while operating their personal automobiles on school business. California law requires that the individual's automobile liability insurance will always be considered as the primary coverage, and the district's policy will provide coverage for excess damages over and above the primary coverage of the individual employee or volunteer. California law requires that each person must have automobile liability coverage on his or her personal automobiles.

The school district will not provide collision, comprehensive, etc., insurance coverage to cover damage or loss to an employee's car.

NOTE: Individuals who will be driving must have a valid California Driver's License and be able to offer proof of insurance coverage AND must sign up to be on the DMV pull notice (please contact your site secretary).

- 3. Individuals will be reimbursed for mileage only between destinations of official business.
- 4. Mileage for any official travel on non-work days will be reimbursed.
- 5. An individual using his or her vehicle on extended trips outside the district shall be reimbursed not to exceed that amount which would have been expended if the employee had used coach or economy air transportation and any required shuttle or taxi.
- 6. Actual and necessary parking expenses shall be allowed, but must be accompanied with proper documentation.
- 7. The following must be completed on the form:

It must be filled out in ink.
It must be balanced and the calculator tape must be attached.
Account line must be filled in.
Must have signatures by the claimant and supervisor.
For trip mileage, attach evidence of number of miles traveled (i.e. Google Maps)

HOLTVILLE UNIFIED SCHOOL DISTRICT

EMPLOYEE CLAIM FOR REIMBURSEMENT

READ AND FOLLOW PROCEDURES BEFORE COMPLETING THIS FORM. FAILURE TO COMPLY WITH POLICY AND PROCEDURE WILL RESULT IN DELAY OF PAYMENT.

Instructions: This form must be completed and submitted to the District for any reimbursements/travel expenses. A copy of the approved Purchase Order must be attached to the Reimbursement Request. Reimbursements are to be approved by the immediate supervisor and must be accompanied by all original receipts before payment will be made. (Receipts must be taped to a white letter size paper). A copy of the conference/workshop registration must be attached, along with a map displaying mileage totals for out of town trips. Please note IRS regulations require that meal reimbursements for 1) same day travel and/or 2) excess per diem amounts must be added as income to an employee's W-2.

Employee Name				Home Address						-	School or Department		
Check Purpose		A.		Conference Reimbursement]	В.	Claims (I Reimburs	Purchases) sement
A. Con	iference /	/ Works	shop Re	imburse	ment								
DATE	Breakfast \$13.00 max	Lunch \$16.00 max	Dinner \$30.00 max	Regist.	Lodging	Phone/ Fax	Bridge Tolls	Taxi/ Shuttles	Parking	Airfare, Bus, Rail	Car Rental	Daily Total	Personal Car (Miles)
B. Clai	ims (Pur	chases)		ection below proved. Attac									
Date	Quantity				Itemized Description						Unit Cost	Amount]
													=
C. Cale	culations	This secti	on will calc	ulate the tota	l reimbursen	nent for you.	Enter the in	formation in	the spaces p	provided abo	ove. Enter m	iles <u>traveled</u> i	n the spaces
c. car	X	under the	=	reison	+	s) Flease Cl	= =	iculations ic	+ +		=		
Total Miles		Current IRS Rate	•	Mileage Expense	<u>.</u>	Week Total	-	Total Travel	<u>.</u>	Total Claims	-	Total	Reimb.
workshop		ed the conference of the confe	and/or		2. The information is an accurate accounting of my incurred mileage and / or expenses.				not reimbu	ense(s) claim rsable to me m any other	or the		
	Enter Additi	ional Inforn	nation Here					All three m	ust be check	ed for reimb	oursement to	be processe	d.
Notes:													
	Signature of Employee			D	ate	-	Signature of Immedia			e Supervis	sor Date		ate
Fund	Resource	Year	Goal	Function	Object	School	Dept.	%	Am	ount			
											-	Projects	Signature
Revised:	2/12/2020)		<u> </u>	<u> </u>		<u> </u>		<u> </u>		_		