CONFERENCE REIMBURSEMENT PROCEDURES

PLEASE NOTE
WE CAN ONLY REIMBURSE APPROVED CONFERENCE REGISTRATION FEES, MEALS, MILEAGE AND PARKING
****NO TRAVEL/REGISTRATION EXPENSES WILL BE REIMBURSED WITHOUT AN APPROVED PROFESSIONAL LEAVE REQUEST.*

Registration fees, meals, parking reimbursement

- Complete Accounts Payable Voucher (form# 523) with your name, address, description of expenses along with the conference name and location.
- Attach all the listed conference registration fee receipts, meal, and parking receipts. Sales tax can be reimbursed on meal receipts. All receipts must be itemized. Credit card receipts alone will not be accepted.
- Sign completed form and submit to the Business Office for reimbursement.

Mileage Reimbursement

- Complete mileage claim (form# 101) with travel dates, starting & ending points, odometer readings and nature of business. Mileage is currently reimbursed at .50 per mile.
- Sign completed form and submit to Business Office for reimbursement.

The Accounts Payable Voucher (Form# 523) and the Mileage Claim form (Form# 101) can be obtained from the Administrative Assistants in your building. *The mileage form is also available on our SCSD2 website in the business office section.* I have attached a sample copy of these forms.

If you have any questions about conference registration or reimbursements, please call Lisa Spicer at extension 1040 or email me at lspicer@scsd2.k12.in.us.

Prescribed by State Board of Accounts

School Form No. 523 (Rev. 1995)

ACCOUNTS PAYABLE VOUCHER

SCOTT COUNTY SCHOOL DISTRICT 2 • 375 EAST McCLAIN AVENUE • SCOTTSBURG, INDIANA 47170

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Payee

Purchase Order No. _____

Terms _____

Date Due _____

Invoice Date	Invoice Number	Description (or note attached invoice(s) or bill(s))	Amount
		Total	

COPY

I hereby certify that the at... ...ll(s), is (are) true and correct and that the materials or services itemized thereon for which charge is ...ordered and received except _____

Date _____ 20 ____

Signature _____ Title _____

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.

Date _____ 20 ____

Treasurer _____

PRESCRIBED BY STATE BOARD OF ACCOUNTS

GENERAL FORM NO. 101 (1955)

MILEAGE CLAIM

____
(GOVERNMENTAL UNIT)

____
(OFFICE, BOARD, DEPARTMENT OR INSTITUTION)

TO _______________________________

ON ACCOUNT OF APPROPRIATION NO. ________ FOR _______________

DATE 20 ____		FROM POINT	TO POINT	ODOMETER READING + START	ODOMETER READING + FINISH	NATURE OF BUSINESS	AUTO MILES TRAVELED	MILEAGE @ ______ ¢ PER MILE	
		AUTO LICENSE NO.				TOTALS			

COPY

+ ODOMETER READING columns are to be used only when distance between points cannot be determined by fixed mileage or official highway map.

Pursuant to the provisions and penalties of Chapter 155, Acts 1953, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Date ____________________, 20 ______ _______________________________