

MASON COUNTY REIMBURSEMENT GUIDELINES

Form must be completed online

Please read and follow directions carefully to expedite your reimbursement.

1. Travel reimbursement is governed by Mason County Policy 6550 (Travel Payment and Reimbursement).
2. All dates of travel must be included.
3. All completed reimbursement request forms must be returned to the county office within seven days.
4. Mileage will be reimbursed at current IRS rate, if a county car is unavailable.
5. Meal per diem will be at the standard GSA rate. (Click [here](#) for example)
 - o Allowance is limited to 75% of the daily rate for days of travel to/from the destination. (Click [here](#) for example)
 - o Meals are only allowable for an overnight stay.
6. All charges (receipts) shall be in the name of the person making the claim.
7. Other reimbursed expenses must be identified and supported by original signed and date receipts.
 - o Parking of up to \$3 per day without receipts is allowed for out-of-county trips.
 - o A description of “miscellaneous” is not allowable.
8. Attendees with lodging should go to the hotel front desk to physically check-out to confirm billing is correct. Lodging receipt, if paid by attendee, must show a zero balance on the receipt.
9. Unallowable expenses
 - o Alcoholic beverages
 - o Tips and gratuities
 - o Laundry
 - o Valet service
 - o Travel insurance
 - o Entertainment
 - o Long-distance calls of a personal nature (business calls must be identified on bill)
 - o Additional expenses for guests.
10. Travel expense account is a sworn affidavit and authorization for the expenditure of public funds.

SAVE AS

PRINT

RESET

Out-of-County Travel Expense Reimbursement Form

MASON COUNTY BOARD OF EDUCATION

STEP 1: BASIC INFORMATION

Name: _____	Employee ID: _____
Location: _____	Position: _____
Purpose: _____	Today's Date: _____
Home Address: _____	Location of Activity: _____
City/State/Zip: _____	Phone: _____
Conf. Began: _____ : _____	Conf. Ended: _____ : _____
Date Time	Date Time
Travel Began: _____ : _____	Travel Ended: _____ : _____
Date Time	Date Time

STEP 2: LIST EXPENSES THAT YOU HAVE INCURRED

		MON	TUES	WED	THU	FRI	SAT	SUN	TOTAL
TRANSPORTATION	Miles I drove my car if county car not available								
	Mileage Total Rate per mile:								
	Parking/Tolls*								
	Other*:								
	Daily Trans. Total								\$
MEALS	Breakfast Note: Meals for Overnight trips only								
	Lunch Note: First day and last day of travel 75% of per diem								
	Dinner								
	Daily Meal Total (Cannot exceed IRS per diem) (*click here for Per Diem Link)								\$
MISCELLANEOUS	Daily Lodging Total not to exceed \$150.00 per night in WV								\$
	Registration*								\$
	Other*								\$
	TOTAL								

***Receipts must be attached for airline, hotel, registration. Receipts for parking and toll must also be attached . Meals for overnight trips only will be reimbursed.**

STEP 3: PRINT, SIGN, ATTACH REQUIRED RECEIPTS, AND SEND THIS FORM TO YOUR IMMEDIATE SUPERVISOR

Signature of Person Filing, verifying that I have truly incurred the aforementioned expenses

Supervisor Approval /Date

Budget Account Code:

Budget Supervisor Approval _____ Date: _____

Treasurer: _____ Date: _____