



SCHOOL DISTRICT OF ASHLAND
— EXCELLENCE IN EDUCATION —

ROBERT E. PRATER, *Superintendent*
AMANDA J. TUTOR, *Business Manager*

KATIE R. MATTHIAS, *Director of Student Learning*
MELISSA A. GESSERT, *Director of Student Services*

TO: School District of Ashland Staff
FROM: Amanda Tutor, Business Manager
DATE: 11/11/2014
RE: Mileage Reimbursement and Meal Allowance

Reimbursement rates effective 11/11/2014:

Mileage: Current IRS rate – 0.675 cents per mile.

Meals: Breakfast \$ 7.11 including tax and tip.
Lunch \$ 8.62 including tax and tip.
Dinner \$16.46 including tax and tip.
Daily Maximum \$32.19

1. Consecutive meals may exceed the allowance but in no case will total reimbursement for meals be more than the aggregated allowance of these meals up to a daily maximum. Meals exceeding the allowed rates which are part of a conference and for which documentation is provided will be reimbursed. Any remaining meals for the day will then need to conform to the prescribed or the aggregate of the prescribed rates.
2. No reimbursement shall be made for the cost of alcoholic beverages.
3. The cost of meals, tip and tax shall be entered as one amount on the travel expense report and shall not exceed the meal maximum for the day.
4. Meals included in the cost of airfare and conference fees cannot be claimed nor included in calculating the daily meal maximum.
5. Receipts are necessary to substantiate each meal claim and must be attached to the District Expense Report. **Reimbursement will not be made for meals without detailed receipts.**
6. Meals are for the cost of the employee only; cannot include payment for spouse.
7. No breakfast reimbursement for the first day unless you leave before 6:00 a.m. No dinner reimbursement for the last day out unless you would normally return after 6:00 p.m..

***No meal reimbursement will be made for staff in-district except when attending a meeting called by another agency where the meal is part of the program.**

REIMBURSABLE EXPENSE REPORT

SCHOOL DISTRICT OF ASHLAND

NAME: _____ DATE(S) OF ACTIVITY: _____

NATURE OF ACTIVITY: _____ # ATTENDING: _____

PLACE OF ACTIVITY: *(City & State)* _____

**** ALL ITEMIZED RECEIPTS MUST BE ATTACHED TO THE BACK OF THIS FORM ****
Reimbursement will be not made without receipts.

HOTEL / MOTEL:

NAME: *(Attach Statements)* _____ \$ _____

MEALS: Breakfast: # _____ Cost: \$ _____
(\$6.90 Daily)

Lunch: # _____ Cost: \$ _____
(\$8.37 Daily)

Dinner: # _____ Cost: \$ _____
(\$15.98 Daily)

* No reimbursement shall be made for the cost of alcoholic beverages.

TOTAL COST FOR MEALS: \$ _____

TRANSPORTATION:

Auto: _____ Miles @ _____ per mile TOTAL: \$ _____

OTHER: _____ \$ _____

_____ \$ _____

TOTAL OTHER: \$ _____

GRAND TOTAL (BALANCE DUE): \$ _____

ACCOUNT CODE: _____

SIGNATURE: _____ DATE: _____

PRINCIPAL: _____ DATE: _____