

# FIREBAUGH-LAS DELTAS UNIFIED SCHOOL DISTRICT

NAME OF EMPLOYEE: \_\_\_\_\_

Date: \_\_\_\_\_

## RECEIPTS FOR MEALS and MILEAGE REIMBURSEMENT

Documentation for APY Audit Includes: 1) Itemized Invoices 2) Expense Claims: a) NAME OF EMPLOYEE, b) DATE OF TRAVEL, c) PURPOSE OF TRAVEL (e.g. Conference Agenda), d) LOCATION OF TRAVEL, AND e) DATES OF TRAVEL.

MILEAGE REIMBURSEMENT		
Date	Destination (to and from) and Purpose	Number of Miles (Roundtrip)
Total Miles		0.0
Effective January 1, 2019, maximum rate per mile is 58 cents per IRS regulations. This rate changes annually January 1.		Mileage Rate 0.58
Total Due		\$ -

HOTEL, AIRLINE AND OTHER REIMBURSEMENTS				
Date	AIRLINE COST	Hotel	Parking/Other	TOTAL COST FOR AIRLINE, HOTEL, REGISTRATION & OTHER
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
* If paid by Employee, copy of registration form & proof of payment required			Total Airline, Hotel & Registration Cost	\$ -
			Total Meals Cost	\$ -
			Total Mileage Cost	\$ -
			<b>TOTAL CLAIM</b>	<b>\$ -</b>

CLAIMS WILL BE REJECTED BY THE FCSS AUDIT TEAM IF NON-EMPLOYEE EXPENDITURES ARE INCLUDED IN THE EMPLOYEE REIMBURSEMENT

**Source:** 1718 CASBO & FCMAT Workshop - Per IRS Ruling 2006-56 organizations are required to properly track and record employee per diem reimbursements. Those per diem reimbursements higher than the federal per diem rates must be included as gross wages on the employee's W-2. Also, the IRS state that per diem rates cannot be used for non-overnight travel.

\_\_\_\_\_  
Claimant

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Business Manager

\_\_\_\_\_  
Superintendent

Account \_\_\_\_\_

# FIREBAUGH-LAS DELTAS UNIFIED SCHOOL DISTRICT

NAME OF EMPLOYEE: \_\_\_\_\_

Date: \_\_\_\_\_

<b>RECEIPTS FOR MEALS and MILEAGE REIMBURSEMENT</b>				
Maximum Per Meal Rate with Receipts	\$13.00	\$18.00	\$29.00	\$60.00
Month of:	Breakfast	Lunch	Dinner	Receipt Totals
1				\$ -
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
8				\$ -
9				\$ -
10				\$ -
11				\$ -
12				\$ -
13				\$ -
14				\$ -
15				\$ -
16				\$ -
17				\$ -
18				\$ -
19				\$ -
20				\$ -
21				\$ -
22				\$ -
23				\$ -
24				\$ -
25				\$ -
26				\$ -
27				\$ -
28				\$ -
29				\$ -
30				\$ -
31				\$ -
<b>Total Receipts</b>				\$ -
*** LIST EACH PERSON'S NAME ON RECEIPT IF MORE THAN ONE PERSON.				