

Bernards Township Public Schools
Travel & Professional Development Expense Reimbursement
(Travel over \$150)

All travel regulations available at:

<http://www.state.nj.us/education/code/current/title6a/chap23a.pdf>

(See Chapter 7)

- Request for Pre-Approval - Form (Appendix A) must be completed and submitted to Susan Morra and must be board approved at least two (2) weeks PRIOR to event. Reimbursement cannot exceed \$ amount approved by the board.
- Report of Conference Attendance – Form (Appendix B) must be completed post conference and attached to Purchase Order Requisition Form for reimbursement.
- Per diem calculations for Hotel and M&IE by location is available @ http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentType=GSA_BASIC&contentId=17943
 - 1st and last day of travel for M&IE (meal & incidental expenses) = 75% of max rate
 - Full Day of travel for M&IE = Full Max Rate
 - M&IE – no receipts required for meals and parking meters
 - Attach copy of destination detail page from GSA webpage with your paperwork (Appendix C)
- Conference Fee's – Please provide a receipt for proof of payment. Copy of application and fee amounts from conference registration must accompany credit card statements.
- Mileage - Please print confirmation of mileage from Mapquest or Google Maps. Current rate is \$0.55 BTEA members and \$0.31 for administrators. Effective July 1, 2010 mileage rate will be \$0.31 for all employees.
- Air Travel – Air travel is rarely approved and only if deemed an economically viable option. Reimbursement requests for conferences requiring that mode of transportation must accompany proof of payment along with three (3) price quotes insuring lowest fare is used.

Any questions or concerns regarding the reimbursement of Travel & Professional Development Expenses can be directed to Nick Markarian @ the Board Office

BERNARDS TOWNSHIP PUBLIC SCHOOLS REQUEST FOR PRE-APPROVAL OF TRAVEL & PROFESSIONAL DEVELOPMENT EXPENSES

Employees must have Board of Education pre-approval to travel and for all expenses which reimbursement is requested. This form must be submitted to the Principal and appropriate Administrator at least TWO WEEKS before activity date.

DATE SUBMITTED: _____ EMPLOYEE'S NAME: _____

ACTIVITY TITLE: _____ ACTIVITY DATE(S): _____

LOCATION: _____ MODE OF TRAVEL: _____

SUBSTITUTE REQUIRED: Yes _____ No _____ PERIODS REQUIRED: _____

Purpose and benefit to Bernards Township Schools: _____

Principal/administrator comments and recommendations: _____

ESTIMATED COSTS

Registration Costs		\$ _____
Mileage from School Building		\$ _____
Other Expenses (itemize)		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
	Total Other Expenses	\$ _____

GRAND TOTAL: \$ _____

ADMINISTRATIVE ACTION

School Office: _____ **Director of Curriculum or Supervisor:** _____ **Central Office:** _____

Approved _____ Not Approved _____ Approved _____ Not Approved _____ Approved _____ Not Approved _____

Budget Account _____ Date: _____ Date: _____

Funds Available? _____

(Signature) Director or Supervisor (Signature) Superintendent

(Signature) Principal

Please Note: Employee's copy of this form and all receipts must be submitted with the voucher form before reimbursement can be authorized. Payment will only be issued for pre-approved amount.

Distribution after approval: WHITE: Central Office PINK: Employee Copy YELLOW: Principal/Supervisor

**Bernards Township Public Schools
REPORT OF CONFERENCE ATTENDANCE**

Name of Attendee _____

Name of Conference _____

Dates of Attendance _____

Summary of Conference _____

Request for Expense Reimbursement (receipts attached)

Mileage/Tolls/Parking: \$ _____

Meals (attach www.gsa.gov regional rates): \$ _____

Hotel (attach www.gsa.gov regional rates): \$ _____

Total: \$ _____

Attendee Signature: _____

Date: _____

Superintendent Signature: _____

Date: _____

Business Adm. Signature: _____

Date: _____

Checklist:

Purchase Order attached

Receipts attached

Copy of Pre-approval of Travel Form (administrator & superintendent's signatures)

Submit all documentation attached to PINK copy to Business Office; YELLOW copy to Superintendent's Office and retain WHITE copy for your records

Appendix C

Travel Reimbursement Notes - Microsoft Word

File Edit View Insert Format Tools Table Window Help

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http://www.gsa.gov/Portal/gsa/ep/contentView.do?queryYear=2010&contentType=GSA_BASIC&contentId=179*

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Select another State

Primary Destination (1)	County (2, 3)	Max Lodging (exc. taxes)	+	M&IE Rate	=	Max Per Diem Rate (4)	First & Last Day (75% of M&IE)
Atlantic City / Ocean City / Cape May (October 1 - October 31)	Atlantic and Cape May	114		66		180	49.5
Atlantic City / Ocean City / Cape May (November 1 - April 30)	Atlantic and Cape May	104		66		170	49.5
Atlantic City / Ocean City / Cape May (May 1 - September 30)	Atlantic and Cape May	114		66		180	49.5
Belle Mead	Somerset	127		56		183	42.0
Cherry Hill / Moorestown	Camden and Burlington	96		61		157	45.75
Eatontown / Freehold	Monmouth	121		56		177	42.0
Edison / Piscataway	Middlesex	115		51		166	38.25
Flemington	Hunterdon	114		61		175	45.75
Newark	Essex, Bergen, Hudson and Passaic	130		61		191	45.75
Parsippany	Morris	139		56		195	42.0

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