2026-27 Employee Reimbursement Form

CSD is committed to responsible stewardship of public funds. Travel expenses shall be reasonable, necessary, and directly related to District Business.

Per Board Policy and Collective Bargaining Agreements: *Employees required to use a personal vehicle for the purpose of conducting school business will be reimbursed for the mileage at the Internal Revenue Service rate in effect at the time mileage is incurred.*

Purchase and Reimbursement Procedures:

- *All purchases and travel made by an employee must be pre-approved.*
- *Purchase orders or district credit cards should be used for conference registration, flight and hotel fees whenever possible.*
- *Request for travel reimbursement must be submitted within 60 days of the date of travel.*

EMPLOYEE NAME and LOCATION:	**REQUIRED DOCUMENTATION IF APPLICABLE:** Approved travel request (email or form), conference agenda or proof of attendance, itemized lodging receipts, transportation receipts (Uber, taxi, parking), and any additional documentation requested by the Business Office. **MILEAGE** does not require documentation except for the mileage log **Failure to provide required information will result in denial of reimbursement**

TRAVEL EXPENSES

Conferences, Professional Development, Other Approved Travel

TRAVEL DETAILS:

Conference/PD Title: _____ City _____ State _____

Departure Date _____ Departure Time _____ Return Date _____ Return Time _____

Funding Source (if known) _____

If driving to the destination, record the miles and departure location on the mileage log

TRANSPORTATION- Excluding Mileage (EX. UBER, TAXI, PUBLIC TRANSPORTATION, PARKING):	$
2026 PER DIEM RATES BREAKFAST: $22 x _____ (# of Meals) LUNCH: $23 x_____ (# of Meals) DINNER: $36 x _____ (# of Meals) *Per diem will not be paid if the meal is offered at the conference or covered as part of the hotel reservation. Refer to the CSD Travel and Expense Guidelines for more details. Meal receipts are not required.*	$

OTHER PURCHASES

Receipts and documentation are required for other purchases/expenses.

EXPENSE: _____ **PURPOSE**: _____	$

PERSONAL VEHICLE MILEAGE: Mileage log must accompany Employee Expense Form

Mileage is reimbursed from the school to the destination unless it is less mileage from their current location to the destination

	Miles	Mileage Rate	Total Mileage Reimbursement
July 2026-December 2026		$0.76	$
Total of requested reimbursement (mileage + travel expenses + other purchases):			$

	BUDGET DISTRIBUTION	
Employee Signature and Date:		
Supervisor Signature and Date:		

Mileage Log

Mileage is reimbursed from School to the destination unless it is less mileage from their current location to the destination

Date	From	To	Purpose	# of Miles
Example: *9/25/26*	*CMHS*	*NW Regional ESD-Hillsboro*	*Quarterly Regional Meeting*	*59*
Total Miles				