

**2022-2023 Ferguson-Florissant School District  
EXPENSE REPORT**

Name: \_\_\_\_\_ Dates (M/D/Y) Beginning: \_\_\_\_\_ End: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip

Building: \_\_\_\_\_ Assignment or Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Conference/Event: \_\_\_\_\_ Location: \_\_\_\_\_

**PURPOSE OF TRIP:**

- INSTRUCTIONS:** 1) **Attach Original Itemized Allowable Receipts (Required)**  
 2) **Attach Copy of Approved Travel Request Form (Required)**

TRIP DATES:								TOTAL EXPENSES ↓ (Rows)
TRIP CITY:								
1. *Lodging								
2. Breakfast								
3. Lunch								
4. Dinner								
5. Taxi - No. of trips _____								
6. *Airfare								
7. Auto Allowance <b>\$0.62.5</b> /Mile No. of Total Miles _____								
8. *Rental Car Charges								
9. Misc. – Explain in 'REMARKS' section below								
<b>TOTAL (Columns) ⇒</b>								

**REMARKS:**

Account Number	Account Name	Amount

Approved by: \_\_\_\_\_

Approved by: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant      \*Date

\_\_\_\_\_  
Principal/Supervisor      ↓ \*Date

\_\_\_\_\_  
Dir./Asst. or Dep. Supt.      ↓ \*Date

Only list expenditures from your personal funds for reimbursement. Charges billed directly to the School District and P-Card charges must not be added into the entries above. **Submit receipts for District-Paid Expenses to your Office Manager when purchase is made.**

**If Federally Funded, forward to Joycelyn Pugh-Walker**

\_\_\_\_\_  
Dir. of Federal Programs      \*Date

\_\_\_\_\_  
PD Coordinator      \*Date

\*Date (Required)      Revised: 6/17/2022

**FERGUSON-FLORISSANT SCHOOL  
DISTRICT 2022-2023**

**PROCEDURES FOR TRAVEL OUTSIDE THE DISTRICT**

Participant must complete the Ferguson-Florissant School District **Request for Travel Outside the District** form.

Work flow and procedures for submitting a request for approval and funding:

1) **Schools**

- A) **Teachers and Assistant Principals** to: Instructional Leadership Team (ILT), if Building PD Funds are requested  
To: **Office Manager**, to get Building Principal's Signature
- B) **Building Principal** to:
- **If Federally Funded**, to: Director of Federal Programs, then to: appropriate Assistant Superintendent of Instructional Education – Area 1, 2 or 3
  - If not Federally Funded, directly to: Assistant Superintendent of Instructional Education – Area 1, 2, or 3
- C) Assistant Superintendent of Instructional Education – Area 1, 2 or 3 to: Professional Development Coordinator

2) **Others**

- A) To immediate supervisor per organizational chart
- **If Federally Funded**, to Director of Federal Programs
- B) To appropriate Director/Assistant Superintendent/Deputy Superintendent
- C) To Professional Development Coordinator

**EXPENSE REPORT FORM:** (found in Google Drive: District Forms: Travel)

- 1) Expenses for travel outside the district must be reported on the **Expense Report** form within **14 days** of the conclusion of the trip. This includes all state and local area meeting expenditures.
- 2) **An original copy of the approved Request for Travel Out of the District form MUST be attached to the expense report.**
- 3) The Expense Report must follow the same path as the Request for Travel Outside the District form and upon approval of expenditures, the request will be submitted to the Business Office for reimbursement.

**REIMBURSABLE EXPENSES**

For attendance at meetings that have been properly authorized, the Board will pay for the following type of expenses:

- 1) Registration
- 2) Airfare
- 3) Car transportation
  - A) **Current Mileage Rate is \$0.62.5 (cents)**
  - B) Mileage can **ONLY** be claimed for **Out of District Trips** on the Request for Travel Outside of the District.
  - C) Mileage is counted from your assigned building to the event and from the event back to the building **ONLY**.
- 4) Lodging - This expense should be kept as reasonable as availability of rooms will allow.
- 5) Meals will be funded within the following guidelines:
  - A) Meal expenses include tax and reasonable tips (not to exceed 20%) and must not exceed \$50.00 per day for **three (3) meals**, unless extenuating circumstances are provided.
  - B) **Original Itemized Allowable Receipts** are required for **any** expenditure, **including meal expenses**.
  - C) If a tip is included on a separate receipt, submit both receipts.
  - D) **Copies of receipts will not be accepted.**