

Needham School Department Expense Reimbursement Form*

Employee: _____ Department: _____ Date: _____
(As appears on Town of Needham paycheck)

Account #: _____ - _____ - _____ - _____ - _____ - _____ -520- _____ - _____ - _____ - _____

| | | | |
|-------|-------|---|----------|
| R5 | 5341 | Postage | \$ _____ |
| R5 | 5380 | All Other Purchase of Services | \$ _____ |
| R6 | 5420 | Office Supplies (Administrative) | \$ _____ |
| R7 | 5510 | Educational Supplies – General Ed Supplies | \$ _____ |
| R7 | 5512 | Educational Supplies – Reference/Clstrm Library Materials | \$ _____ |
| R7 | 5517 | Educational Supplies – Workbooks/Textbooks | \$ _____ |
| R7 | 5522 | Educational Supplies – Instr. Equipment | \$ _____ |
| R7 | 5580 | All Other Supplies | \$ _____ |
| R2 | 5710 | Travel/Conferences - In State – See other side ** | \$ _____ |
| RE | 5720 | Travel/Conferences - Out-of-State – See other side ** | \$ _____ |
| R8 | 5730 | Dues & Memberships | \$ _____ |
| R8 | 5780 | All Other Expenses | \$ _____ |
| _____ | Other | _____ | \$ _____ |

Explanation of Expense: _____

Employee Signature/Date: _____

Department Manager Signature/Date: _____

Business Office/ Superintendent (if Necessary) Signature/Date: _____

* The School Department authorizes reimbursement for out-of-pocket expenses associated with conferences/travel, in emergencies or extenuating circumstances (approved in advance by the Director of Financial Operations), and when purchase orders are not accepted by a vendor. All requests must be signed by the employee and accompanied by original, itemized receipts, showing proof of payment (no faxes or photocopies.) A credit card statement does not suffice as an invoice, because it is not itemized. If goods have been shipped to a non-school address, the supervisor must submit a signed affidavit that the items are in the possession of Needham Public Schools. Conference reimbursements must be accompanied by a flyer, which describes the conference and identifies relevant dates. Receipts will be matched to the conference dates. Only staff expenses will be reimbursed; the Town will not reimburse the expenses of parents or volunteers. The Town reimburses meals tax and hotel excise tax, but not sales tax. Needham will not reimburse for alcohol, tobacco or gifts. Reimbursements processed by noon Friday will be included on the following Friday's payroll check. ** In-state travel must be approved in advance by the supervising administrator. Out-of-state travel must be approved in advance by the Superintendent.

**I hereby request reimbursement for Automobile Travel Expenses: - current rate \$0.575 cents/mile
*(effective for travel on or after 2/25/2020. Old rate of \$0.58/mile applies to travel prior to 2/25/2020.)***

| <u>Date</u> | <u>Location</u> | <u>Reason</u> | <u>Miles</u> | <u>Amount</u> |
|--------------------|-----------------|-------------------|--------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| Total | | | _____ | \$_____ |
| Parking | \$_____ | (attach receipts) | | |
| Tolls | \$_____ | (attach receipts) | | |
| Grand Total | | | | \$_____ |

I hereby request reimbursement for the following travel-related expenses:

Conference/Meeting Description: _____

Place of Conference/Meeting: _____

Dates of Travel for Conference/Meeting: _____

Breakdown of Reimbursement (attach receipts):

Registration Fee \$_____

Travel Arrangements _____

Lodging _____

Meals: _____

Total \$_____