



# TEXAS CITY ISD

Training / Travel  
Procedures

# Travel Guidelines



# Travel Guidelines

- Meals
  - Reimbursed as per diem
    - No receipts required
      - Funding source: General Fund or Activity Fund
    - Receipts required
      - Funding source: Federal Grant
  - Overnight stay required
  - Alcohol is NOT allowable
  - Must certify statement indicating that all meal funds requested were expended during the authorized job related travel.



# Travel Guidelines

- Meals
  - **\$36 Daily**
    - \$8 Breakfast
      - Depart before 6:00am or return after 6:00am
    - \$10 Lunch
      - Depart before 12:00pm or return after 12:00pm
    - \$18 Dinner
      - Depart before 6:00m or return after 6:00pm



# Travel Guidelines

- Lodging
  - **Maximum allowable rate \$175 per person per night**
    - Includes taxes
    - Receipts required
  - **If lodging exceeds \$175 per person per night, only \$175 will be reimbursed**



# Travel Guidelines

- Mileage
  - **TCISD Mileage Chart**
    - Primary source for mileage reimbursement
  - **MapQuest**
    - Used for locations not on TCISD Mileage Chart



# Travel Guidelines

- Other reimbursable expenses:
  - **Receipts required**
    - Parking
    - Toll fees
    - Taxi





# **Request For Travel**

**To be completed by the  
employee requesting  
professional growth /  
travel**



# Request for Travel

- *Request for Travel*
  - [www.tcisd.org](http://www.tcisd.org)
    - Administration
      - Business Office
        - » Business Office Forms
          - » *Request for Travel Form*
- At least 10 business days prior to traveling, complete the *Request For Travel Form* in electronic format.



# Request for Travel

## TEXAS CITY INDEPENDENT SCHOOL DISTRICT REQUEST FOR TRAVEL

Name:	Campus
Travel Date:	Return Date:
Date(s) of events and meeting times (not including travel):	
Travel Destination:	Purpose of Trip:
List of all attendants:	
Indicate how this event will support the current campus improvement plan:	

### Account Coding:

- Fill in all requested information.
- The Account Coding will be completed by the Campus / Department Secretary in a later step.



# Request for Travel

## REGISTRATION

Vendor:

Amount:

PO#

Address:

- Complete the vendor name, address, and amount.
- Checks will be mailed by default unless otherwise requested.
- The PO# will be completed in a later step.



# Request for Travel

## STUDENT MEALS

Students (advances permissible; receipts required within 7 days of travel date):

PO#

_____ Breakfast(s) @ \$7	\$	-	(depart before 6:00am or return after 6:00am)
_____ Lunch(es) @ \$7	\$	-	(depart before 12:00pm or return after 12:00pm)
_____ Dinner(s) @ \$7	\$	-	(depart before 6:00pm or return after 6:00pm)
	\$	-	

- If traveling with students, enter the number of breakfasts, lunches, and/or dinners that will be provided to students in the line provided.
- The amount to be advanced will be calculated.
- The PO# will be completed in a later step.



# Request for Travel

## EMPLOYEE REIMBURSEMENT

Adults (overnight stay required for any meal reimbursement, up to \$36 daily):

PO#

_____ Breakfast(s) @ \$8	\$ -	(depart before 6:00am or return after 6:00am)
_____ Lunch(es) @ \$10	\$ -	(depart before 12:00pm or return after 12:00pm)
_____ Dinner(s) @ \$18	\$ -	(depart before 6:00pm or return after 6:00pm)
	<u>\$ -</u>	<b>TOTAL ADULT MEALS</b>

Mileage (based on TCISD's Mileage Chart or MapQuest)

_____ Miles @ .575 each	<u>\$ -</u>	<b>TOTAL MILEAGE</b>
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*\*Mileage paid at the State's approved rate of .575 per mile.*

Lodging (up to \$175 per night maximum including applicable taxes)

*Receipts required for reimbursement.*

\$ -

- Enter the estimated number of meals.
- Enter the estimated number of miles.
- Enter the estimated cost of lodging.



# Request for Travel

- Submit the following documents electronically to the Campus / Department Secretary for processing and approvals:
  - **Completed *Request for Travel Form***
  - **Copy of registration**
  - **List of students (if applicable)**
- The campus secretary will enter requisitions for:
  - **Registration (advanced – red font on form)**
  - **Student Meals (advanced – red font on form)**
  - **Employee Reimbursement (reimbursed – blue font on form)**



# Request for Travel

- Once the travel request has been approved, the Campus / Department Secretary will forward the emails indicating approval or send you a copy of the POs.
- Record each of the PO numbers of the *Request for Travel Form*





# Reimbursement Request

To be completed by the person  
requesting reimbursement



# Reimbursement Request

- On the previously completed *Request for Travel* Form, handwrite the actual amount to be reimbursed for each reimbursement category if the actual amount is different from the estimated amount used for the PO:
  - **Meals**
  - **Mileage**
  - **Lodging**
- Sign the bottom of the form indicating that ALL meal funds requested were expended during the authorized job related travel.



# Reimbursement Request

- Attach the following documents to the completed *Request for Travel Form*.
  - **MapQuest (if used)**
  - **Lodging receipts**
  - **Toll receipts**
  - **Taxi receipts**
  - **Parking receipts**
- Send *Request for Travel Form* and attachments to Julie-Ann Howard in the Business Office.



# Reimbursement Request

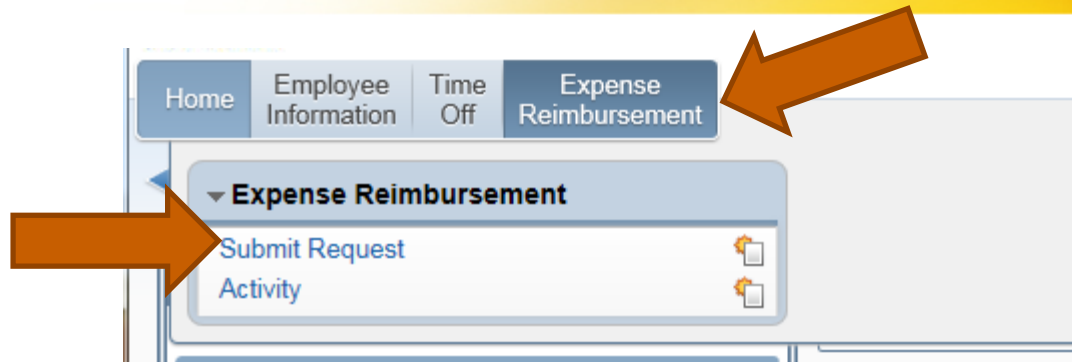
- In Skyward's *Employee Access*, there is an *Expense Reimbursement* module available. If you are interested in using this module rather than sending paperwork through interoffice mail, please contact Julie-Ann Howard for set up and training.



# Alternate Expense Reimbursement Using Employee Access



# Employee Access Expense Reimbursement



- Choose “Expense Reimbursement”.
- Choose “Submit Request”.



# Employee Access Expense Reimbursement

Home Employee Information Time Off Expense Reimbursement

Submit Request ☆

Views: General Filters: \*Skyward Default

Reimbursement Number ▲	Req Sts	Requisition/PO Number	Requisition Sts	Date Entered	Expenses From	Expenses To	Reimburs Amount	Direct Bill Amount	Total Amount	Purpose
<i>There are no records to display; check your filter settings.</i>										

Print

Submit Request

Add

- Click “Add”.



# Employee Access Expense Reimbursement

Expense Reimbursement Request Maintenance

Add Expense Reimbursement Request

Reimbursement For: VANDEVER, III, JOHN C

\* Expenses From: 08/10/2015 \* To: 08/12/2015

\* Purpose for Reimbursement: TASN CONFERENCE MEALS, MILEAGE, LODGING

Reimbursement payment option:  ACH - Reimbursement payment made via AP ACH  
 PAPER CHECK - Reimbursement payment made via AP paper check

District Payment Reimbursement information:

Save Back

- Reimbursement For: Your name will default.
- Expenses from: Enter the date you departed.
- To: Enter the date you returned.



# Employee Access Expense Reimbursement

- Purpose for Reimbursement: Enter details of reimbursement request.
- Reimbursement payment option. Select either:
  - **“ACH” (Direct Deposit)**
  - **“Paper Check”**
- Required Pre-verifier: Default “Julie-Ann Howard”.
- Click “Save”.





# Employee Access Expense Reimbursement

**Expense Reimbursement Request Maintenance**

Expense Reimbursement Information

Reimbursement For: VANDEVER, III, JOHN C [Edit Master](#)

Expenses From: 08/10/2015 To: 08/12/2015 3 Days [Notes](#)

Purpose for Reimbursement: TASN CONFERENCE MEALS, MILEAGE, LODGING [Attachments](#)

Reimbursement payment option:  ACH - Reimbursement payment made via AP ACH  
 PAPER CHECK - Reimbursement payment made via AP paper check

Total Reimbursement Amount: \$0.00

Required Pre-verifier: JULIE-ANN HOWARD


[Submit For Approval](#)  
[Save and Finish Later](#)

**Expense Reimbursement Detail Lines**

Views: General Filters: \*Skyward Default [Filter](#) [Chart](#) [Print](#) [Search](#) [Add](#)

# ▲	Date	Type	Description/Customer	Quantity	Amount	Total Amount	C	R	D	
<i>There are no records to display; check your filter settings.</i>										

[Edit](#)  
[Delete](#)  
[Clone](#)  
[Mass Add 25Detail](#)



- Click “Add”.

# Employee Access Expense Reimbursement - Meals

## Expense Reimbursement Request Detail Maintenance

### Expense Reimbursement Information

Expenses From: 08/10/2015 To: 08/12/2015 3 Days  
 Total Reimbursement Amount: \$108.00

### Edit Expense Reimbursement Detail Line

Line Number: 1  Receipt Attached  Direct Bill/Do not Reimburse

\* Date: 08/10/2015 Monday

\* Reimbursement Type: DAILY PER DIEM DAILY

Category: Meals

BY SUBMITTING THIS REQUEST FOR REIMBURSEMENT, I CERTIFY THAT ALL MEAL PER DIEM FUNDS WERE EXPENDED DURING THE AUTHORIZED JOB RELATED CATEGORY.

OVERNIGHT STAY REQUIRED.

Quantity: 3

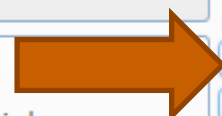
Amount: \$36.00 (Maximum allowed for this code is \$36.00)

Total Amount: \$108.00

\* Description/Customer: 3 FULL DAYS 08/10/15, 08/11/2015, 08/12/2015

### Detail Line Accounts

* Account	Account Selection ?	Amount	Percent
199 E 13 6411 00 001 0 99 052 - LOCAL MAINTENAN/STAFF DEVELOPME/TRAVEL/EMPLOYEE/TEXA		108.00	100.00
Total:		108.00	100.00



Save  
Back

# Employee Access Expense Reimbursement – Meals

- Use your completed travel form to assist you with entering your reimbursement request.
- Date: The date will default to the first day of your trip.
- Reimbursement Type: Select from the drop down.

BFAST	BREAKFAST
DAILY	DAILY PER DIEM
DINNER	DINNER
LODGING	LODGING
LUNCH	LUNCH
MILEAGE	MILEAGE
REG	REGISTRATION
STUDENT	STUDENT MEAL ADVANCEMENT



# Employee Access Expense Reimbursement – Meals

- If selecting a meal, the following statement will populate:

Category: Meals

BY SUBMITTING THIS REQUEST FOR REIMBURSEMENT, I CERTIFY THAT ALL MEAL PER DIEM FUNDS WERE EXPENDED DURING THE AUTHORIZED JOB RELATED CATEGORY.

OVERNIGHT STAY REQUIRED.

- Quantity: Enter the number of that meals of the selected type to be reimbursed.
- Amount: You are not required to submit receipts, but you may only request reimbursement for the amount actually spent (up to the maximum allowance).



# Employee Access Expense Reimbursement – Meals

- Description/Customer: Enter the information about the reimbursement including date.
- Account: Enter the account number provided on the *Request for Travel Form*, Purchase Order or approval email.



# Employee Access Expense Reimbursement – Lodging

**Expense Reimbursement Request Maintenance**

**Expense Reimbursement Information**

Reimbursement For: VANDEVER, III, JOHN C Edit Master

Expenses From: 08/10/2015 To: 08/12/2015 3 Days Notes

Purpose for Reimbursement: TASN CONFERENCE MEALS, MILEAGE, LODGING Attachments

Reimbursement payment option:  ACH - Reimbursement payment made via AP ACH  
 PAPER CHECK - Reimbursement payment made via AP paper check

Total Reimbursement Amount: \$108.00

Required Pre-verifier: JULIE-ANN HOWARD


Submit For Approval  
Save and Finish Later

**Expense Reimbursement Detail Lines**

Views: General Filters: \*Skyward Default

#	Date	Type	Description/Customer	Quantity	Amount	Total Amount	C	R	D
1	08/10/2015	DAILY PER DIEM	3 FULL DAYS 08/10/15, 08/11/2015, 08/12/2015	3.0000	36.0000	108.00	M		

Add  
Edit  
Delete  
Clone  
Mass Add Detail



- If you need to add another reimbursement, click “Add”.

# Employee Access Expense Reimbursement – Lodging

**Expense Reimbursement Request Detail Maintenance**

**Expense Reimbursement Information**

Expenses From: 08/10/2015 To: 08/12/2015 3 Days  
 Total Reimbursement Amount: \$278.00

**Add Expense Reimbursement Detail Line**

Line Number: 2  Receipt Attached  Direct Bill/Do not Reimburse

\* Date: 08/10/2015 Monday

\* Reimbursement Type: LODGING LODGING

Category: Lodging

MAXIMUM ALLOWABLE HOTEL RATE IS \$175 PER NIGHT.  
 THE DISTRICT IS EXEMPT FROM TEXAS STATE SALES TAX ON HOTEL ROOMS.

Quantity: 2

Amount: \$85.00 (Maximum allowed for this code is \$175.00)

Total Amount: \$170.00

\* Description/Customer: LODGING 08/10/2015 AND 08/11/2015

**Detail Line Accounts**

* Account	Account Selection ?	Amount	Percent
199 E 13 6411 00 001 0 99 052 - LOCAL MAINTENAN/STAFF DEVELOPME/TRAVEL/EMPLOYEE/TE		170.00	100.00
Total:		170.00	100.00

Buttons: Save, Back, More

# Employee Access Expense Reimbursement – Lodging

- Date: Default is the first day of your trip.
- Reimbursement Type: Select the appropriate reimbursement type from the drop down.
- Check the “Receipt Attached” box.
- Quantity: Enter the number of nights to be reimbursed.
- Amount: Enter the reimbursement amount per night.
  - **Includes taxes**





# Employee Access Expense Reimbursement – Lodging

- Description / Customer: Enter description of the requested reimbursement.
- Account: Enter the account number provided on the *Request for Travel Form*, Purchase Order or approval email.
- Click “Save”.



# Employee Access Expense Reimbursement – Mileage

**Expense Reimbursement Request Maintenance**

Expense Reimbursement Information

Reimbursement For: VANDEVER, III, JOHN C Edit Master

Expenses From: 08/10/2015 To: 08/12/2015 3 Days Notes

Purpose for Reimbursement: TASN CONFERENCE MEALS, MILEAGE, LODGING Attachments

Reimbursement payment option:  ACH - Reimbursement payment made via AP ACH  
 PAPER CHECK - Reimbursement payment made via AP paper check

Total Reimbursement Amount: \$278.00

Required Pre-verifier: JULIE-ANN HOWARD


Submit For Approval  
Save and Finish Later

**Expense Reimbursement Detail Lines**

Views: General Filters: \*Skyward Default

#	Date	Type	Description/Customer	Quantity	Amount	Total Amount	C	R	D
▶ 1	08/10/2015	DAILY PER DIEM	3 FULL DAYS 08/10/15, 08/11/2015, 08/12/2015	3.0000	36.0000	108.00	M		
▶ 2	08/10/2015	LODGING	LODGING 08/10/2015 AND 08/11/2015	2.0000	85.0000	170.00	L	Y	

Add  
Edit  
Delete  
Clone  
34 Mass Add Detail



- Click “Add”.

# Employee Access Expense Reimbursement – Mileage

### Expense Reimbursement Request Detail Maintenance

#### Expense Reimbursement Information

Expenses From:  To:  3 Days  
 Total Reimbursement Amount:

#### Add Expense Reimbursement Detail Line

Line Number:   Receipt Attached  Direct Bill/Do not Reimburse

\* Date:

\* Reimbursement Type:

Category:   
EMPLOYMENT. THE TCISD MILEAGE CHART SHOULD BE USED TO CALCULATE IN-DISTRICT AND OTHER DESIGNATED TRAVEL LOCATIONS. WHEN TRAVELING TO LOCATIONS NOT DESIGNATED ON THE TCISD MILEAGE CHART, MAPQUEST OR ANOTHER MAPPING WEBSITE SHOULD BE USED AND ATTACHED

Quantity:   
 Amount:  (Maximum allowed for this code is \$0.57)  
 Total Amount:

\* Description/Custom:

#### Detail Line Accounts

* Account	Account Selection <input style="font-size: small; border: none; border-bottom: 1px solid #ccc; width: 20px;" type="text" value="?"/>	Amount	Percent
199 E 13 6411 00 001 0 99 052 - LOCAL MAINTENAN/STAFF DEVELOPME/TRAVEL/EMPLOYEE/TEXA	<input type="text" value=""/>	<input type="text" value="57.00"/>	<input type="text" value="100.00"/>
Total:		57.00	100.00

# Employee Access Expense Reimbursement – Mileage

- Date: Defaults to the first day of the trip.
- Reimbursement Type: Select “Mileage” from the drop down box.
- Quantity: Enter the number of miles to be reimbursed.
  - **Only mileage to and from destination is reimbursable.**
    - Side trips are not reimbursable.
  - **TCISD Mileage Chart**
  - **MapQuest**
    - Must attach MapQuest documenting request.



# Employee Access Expense Reimbursement – Mileage

- Description / Customer: Enter details about reimbursement request including destination.
- Account: Enter account number provided by Campus / Department Secretary with trip approval.
- Click “Save”.



# Employee Access Expense Reimbursement

**Expense Reimbursement Request Maintenance**

**Expense Reimbursement Information**

Reimbursement For: VANDEVER, III, JOHN C Edit Master

Expenses From: 08/10/2015 To: 08/12/2015 3 Days Notes

Purpose for Reimbursement: TASN CONFERENCE MEALS, MILEAGE, LODGING Attachments

Reimbursement payment option:  ACH - Reimbursement payment made via AP ACH  
 PAPER CHECK - Reimbursement payment made via AP paper check

Total Reimbursement Amount: \$335.00

Required Pre-verifier: JULIE-ANN HOWARD

**Expense Reimbursement Detail Lines**

Views: General Filters: \*Skyward Default

#	Date	Type	Description/Customer	Quantity	Amount	Total Amount	C	R	D
▶ 1	08/10/2015	DAILY PER DIEM	3 FULL DAYS 08/10/15, 08/11/2015, 08/12/2015	3.0000	36.0000	108.00	M		
▶ 2	08/10/2015	LODGING	LODGING 08/10/2015 AND 08/11/2015	2.0000	85.0000	170.00	L	Y	
▶ 3	08/10/2015	MILEAGE	ROUND TRIP MILEAGE PER TCISD MILEAGE CHART	100.0000	0.5700	57.00	O		

Add Edit Delete Clone Mass Add Detail

- Click “Submit for Approval”.



# Employee Access Expense Reimbursement

Views: General ▾ Filters: \*Skyward Default ▾

Reimbursement Number ▲	Req Sts	Requisition/PO Number	Requisition Sts	Date Entered	Expenses From	Expenses To	Reimburs Amount	Direct Bill Amount	Total Amount	Purpose	Entered By
▶ 0000000002	WFP			08/18/2015	08/10/2015	08/12/2015	335.00	0.00	335.00	TASN CONFERENCE MEALS, MILEAGE	VANDEVER, III, JOHN C

Print

Submit Request

Add

Edit


Delete

View

Notes

Attach

Clone



- Meal receipts are not required.
- Attach any required receipts to the travel request:
  - Lodging
  - Taxi
  - Toll
  - MapQuest



# Employee Access Expense Reimbursement

**Attachments**

Expense Reimbursement Request Attachments

Available Attachments for Exp Reimbursement #0000000002

Type ▲	Description	Entered By	Entered Date	Entered Time
<i>There are no records to display; check your filter settings.</i>				

View Attachment

Add File

Add Link

Edit

Delete

Back

- Click “Add File”.





# Employee Access Expense Reimbursement

Expense Reimbursement Request Attachments

Add Expense Reimbursement Request Attachment

\* Type: Attachments Expense Reimbursement Request

Entered Date: 08/18/2015

Entered Time: 1:23 PM

Entered By: JOHN C VANDEVER, III

\* Description: Lodging Receipts

\* Attached File: C:\Users\mrlee\Documents\Fisc Browse...

Save

Back

- Type: Select “Attachments” from the drop down menu.
- Description: Enter description of what is contained in the attached file.
- Attached File: Browse your computer and select the corresponding file.
- Click “Save”



# Accounts Payable Process



# Accounts Payable Process

- Vendor checks are mailed / distributed on Fridays.
  - **By default, all registration checks will be mailed directly to the vendor unless otherwise requested.**
  - **All student meal advancements must be picked up from the Business Office.**
    - *Travel Advance Withholding Authorization* required



# Accounts Payable Process

- Reimbursement checks will be distributed on Fridays.
  - **By default all checks will be delivered interoffice mail unless otherwise requested.**
- Reimbursements may be deposited directly into the employee's account if requested.
  - **Direct Deposit will be in the employee's account on Fridays.**
  - **Contact Margaret Lee to set up direct deposit for accounts payable reimbursements.**





**QUESTIONS?**



Thank You!

