

WALLINGFORD SWARTHMORE SCHOOL DISTRICT

200 SOUTH PROVIDENCE ROAD, WALLINGFORD, PENNSYLVANIA 19086-6334

Reimbursement Procedures

Title: Updated reimbursement forms

Purpose: Establish guidelines that meet state compliance standards, align with the district's strategic plan and support sound fiscal and audit practices.

It is Wallingford-Swarthmore School District's intent to pay expenses accrued by the district directly. All efforts should be made for the district to make direct payments to vendors. In cases where that is not possible, reimbursements to individuals who accrued expenses, on behalf of WSSD, must be issued with the same fiscal responsibility as direct payments. For public school code and audit compliance purposes, the business office must have specific information and documentation to satisfy fiscal obligations. The reimbursement procedures and forms are being updated and implemented to ensure proper fiscal responsibility.

Procedures:

1. All reimbursement requests must be completed on the appropriate reimbursement form attached.
2. All reimbursement requests must be submitted with the **original** receipts and/or invoices.
3. All reimbursement requests must be submitted with proof of payment. Proof of payment can be a copy of a cleared check or redacted bank or credit card statement. **The person's name and reimbursable charge must be identifiable.**
4. If the reimbursement is for professional development, **a copy of the board approved agenda** or the **signed professional development form** must be submitted with the reimbursement form.
5. For mileage, reimbursements will be issued with your building location as the starting point for departures and the ending point for returns. The per mile rate will be in accordance with the annual rate set by the Internal Revenue Service.
6. For meals, alcohol purchases are prohibited from reimbursement.
7. For Education Service Agreements, reimbursements will be issued in accordance with the board approved agreement. The business office will only accept printed or PDF formatted invoices and/or receipts.
8. Reimbursements will be paid in accordance with any reimbursement related approved district policies and the business office's scheduled Accounts Payable process. Please contact the business office for more information.

WALLINGFORD SWARTHMORE SCHOOL DISTRICT

200 SOUTH PROVIDENCE ROAD, WALLINGFORD, PENNSYLVANIA 19086-6334

REIMBURSEMENT FORM

Employee Name: _____ Building/Department: _____

MILEAGE REIMBURSEMENT: (Additional space on the back)

Date	Starting destination address	Ending destination address	Number of miles
<input type="checkbox"/> Check here if you utilized additional mileage reimbursement miles on the back of this page			

(Notice: The current IRS per mile rate in effect will be used)

(Business Office Only) TOTAL: _____

Expense	Total	Receipt Attached (Check box)
Lodging	\$	
Registration fee	\$	
Food (excluding alcohol)	\$	
Transportation	\$	
Tolls/Parking	\$	
Other (describe below)		
TOTAL	\$	

Budget Code Assigned: _____ **Account Code:** _____

(Notice: This form cannot be processed until a budget code is assigned at the building level)

Employee's Signature: _____ Date: _____

Principal/Supervisor's Signature: _____ Date: _____

Business Manager's Signature: _____ Date: _____

