Travel Reimbursement Policy

ST. JOSEPH ACADEMY (SJA)

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<th>Department</th>
<th>Finance</th>
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<tr>
<td>Number</td>
<td>200.1.5</td>
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<tr>
<td>Effective Date:</td>
<td>July 2, 2009</td>
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<td>Review Date:</td>
<td>January 2021</td>
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<td>January 2020</td>
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I. Policy:

It is our policy to reimburse individuals for approved, reasonable, proper and necessary travel expenses incurred in conjunction with St. Joseph Academy (SJA) activities. It is required that all travel be conducted in the least expensive manner.

II. Procedure:

A. **Mileage Reimbursement.** Individuals will be reimbursed for actual and necessary expenses. This includes mileage in a privately owned vehicle and related tolls and parking. Mileage costs will be reimbursed at the current IRS approved rate. Calculation of mileage between locations is to be documented through Mapquest or a similar method.

B. **Parking and tolls.** SJA will reimburse for parking and tolls associated with a local or long distance trip. Parking and tolls totaling over $10 per day must have a receipt.

C. **Air Travel.** SJA will pay for airfares to approved destinations. Employees must use the lowest available airfare (coach). Additional costs for first class, business class, international and spouse travel are not reimbursable.

   In cases where cancellation fees/penalties are incurred as a result of a change of plans, the fees will be reimbursed if there is a valid business reason for the change. Acceptable business reasons include the organization cancelling or altering the trip or delays in flight connections. Explanations should be attached as documentation.

D. **Lodging Costs.** Accommodations that meet business and personal needs and demonstrate good value should be selected whenever possible. Employees should use standard room accommodations. Additional costs of room upgrades are not reimbursable. Receipts for all lodging must be attached to the request for reimbursement form and be itemized.

E. **Meals.** Meal reimbursement includes breakfast, lunch and dinner. Excluded are alcoholic beverages, entertainment expenses and other types of personal expenses not relating to these specific meals. Federal per diem rates may be used for trips in excess of one night stay.

F. **Automobile Rental.** Use of a rental car may be authorized, but only if approved in advance by the Administrator with valid justification. Automobiles should be rented only
when the cost advantages are clearly justified. All rental car receipts must be submitted with the request for reimbursement.

G. **Ground Transportation.** Employees are expected to use the lowest cost method of ground transportation. Ground transportation will be reimbursed at cost based on submission of original receipts. Because hotels are generally within walking distance or provide free shuttle service to the conference site, any other cab fares requested will require a separate justification attached to the traveler's reimbursement request.

**Non-Reimbursable Expenses**

The following items are typically non-reimbursable:

- First class, business class, international travel and spouse travel
- Upgrades to air travel, car rentals or hotel rooms
- Purchase of clothing, luggage, toiletries and other miscellaneous personal items
- Supplemental travel insurance
- Fines, penalties or legal fees
- Personal entertainment or recreational expenses
- Laundry

H. **Receipt Requirements.** All expenses incurred must be substantiated by original receipts; all receipts should be stapled to the request for reimbursement request. In the event that it is not practicable to obtain a required receipt or if a receipt has been inadvertently destroyed, the employee should furnish a written statement as well as an explanation of the expenditure involved.

I. **Timely Submission of Request.** The suggested timeframe for submission is within two weeks of travel.

**Best Practices.**

- Written explanations are needed for missing receipts or exceptions to policy
- Clearly identify the purpose of the trip and receipts
- Make copies of all submissions to keep with your records
- Submit with appropriate approvals

Approved by: [Signature]
President/CEO

Date: 1/15/2021

St. Joseph Academy
Travel Reimbursement
St. Joseph Academy  
Travel Reimbursement Form

Employee Name: ____________________________________________

Event: ____________________________________________________

Location: __________________________________________________
on date(s): ________________________________________________.

Departed: Date: ____________________________________________
Time: __________________________ am/pm

Returned: Date: ____________________________________________
Time: __________________________ am/pm

Listed below is a breakdown of expenses (attach daily itemization):

A. Air/Rail/Private Car (note mileage) $

B. Mileage Miles________ Rate________ $

C. Ground Transportation $

D. Hotel $

E. Meals $

F. Registration $

Total Reimbursement Requested $

Original receipts required to process this reimbursement request are attached.

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GL #: ________________________________________________

Approved by: _________________________________________

St. Joseph Academy  
Travel Reimbursement
St. Joseph Academy
TRAVEL PRE-APPROVAL FORM

Employee: ______________________________

I, ________________________________ request authorization to travel on behalf of the organization for business related purposes and to be reimbursed for business related expenses in accordance with the corporate policies.

Expected Departure and Return

Depart: Date ________________
Return: Date ________________
Destination: ________________

Explain Purpose of Trip:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Total Estimated Expenses: $ ________________
I certify that I understand and agree to follow the corporate travel policy. In addition, I understand that this form must be approved by my immediate supervisor and submitted to the accounting department along with any related travel receipts before expense reimbursement can occur. This will also show for insurance purposes that my travel was on official business of the company.

Employee Signature/Date:

________________________________________

Supervisor Approval/Date:

________________________________________
St. Joseph Academy
Travel Advance Form

Employee Name: __________________________

Event: __________________________________

Location: ________________________________

Date(s): _________________________________

Listed below is a breakdown of estimated expenses:

Air Fare ________________________________

Mileage _________ Rate _________

Hotel __________________________________

Car Rental/Ground Transfers _______________

Meals __________________________________

Conference Registration _________________

Total Estimated Expense __________________

Advance requested _________________________

A detailed accounting of this advance including original receipts using a travel reimbursement form is required within two weeks of the end of this trip.

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Administrator approval: ____________________________