

### **Travel Claims – Instructions**

**It is suggested to begin the claim by gathering the information in the lower left-hand corner of the page:**

**1. Name:**

- Employee/Claimant should enter First and Last Name as listed in Accounts Payable and Human Resources.
  - Do not use nicknames.
  - Provide your legal name that is on file with HR.

**2. Employee Vendor #:**

- Employee/Claimant should enter the Accounts Payable Vendor Number.
  - This is different from your Employee ID number; the program Secretary can help you determine the number to use.

**3. Job Title:**

- Job title of Employee/Claimant.

**4. Normal Work Site Location:**

- Location or address of where Employee/Claimant starts work every morning, or where your office is located.
  - *Itinerant* work please use “City Centre” for Normal Work Site Location.
  - Employee/Claimants’ homes may not be used for a Normal Work Site Location.
  - Students’ homes may not be used as a Normal Work Site Location

**Continue to the top left-hand corner of the claim to enter pertinent travel details:**

**5. Date Column:**

- Enter the actual calendar date of travel.
  - Enter one date per line of the claim form.
  - Please ensure all reimbursement requests for a day of travel are recorded on the same claim form, 2 or more claims for the same travel date are not permissible.
  - For 75% Emergency Travel Advance, (see Travel Claim Guidelines section XIV page 4 for Emergency advance guidelines).

**6. Destination/Purpose:**

- Enter the destination(s) of your trip.
  - If entering reimbursement for travel within a city, please provide the destinations - either the school name / site or physical address of destination.
  - Please do not abbreviate.
  - If entering travel outside of the city of your Normal Work Site, please list the city name.

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- Please write the general purpose of travel.

**7. Zip Code**

- Enter the zip code for the final destination being travelled to each day.

**8. Miles**

- Enter the miles travelled, whether total for several locations on one date, round trip to a location, or one way to a location.
  - Worksheet will round the miles to the nearest whole number, please do not alter the form.

***This section (9-13) is only needed when claiming reimbursement for meals, if not claiming meals please skip to line 14.***

**9. Trip Depart Time:**

- Enter the time of day you departed your Normal Work Site Location.
  - Only day of travel departure information is needed, not daily activity while at destination.

**10. Trip Return Time:**

- Enter the time of day you returned to your Normal Work Site Location.
  - Only on the day of return travel information is needed, not daily activity while at destination.

**11. Breakfast:**

- Enter amount claiming for reimbursement for breakfast.
  - No other information to be entered in this box.
- If the amount claimed is over per diem, please attach an itemized receipt.
  - Receipt must include:
    - i. items purchased
    - ii. cost of each item
    - iii. date of purchase
- Per diem rate includes gratuity.
- If claiming actual expenses with gratuity, gratuity cannot exceed 20% of your portion of the itemized receipt.
- Maximum reimbursement is 200% of per diem.
- Breakfast per diem amounts can be found using the [Travel Claims Lookup Tool](#).
- Breakfast is reimbursable for travel requiring an overnight stay, and when departing before 6:30 a.m. or returning after 6:30 a.m.

***The Business Office cannot accept a credit card receipt, a copy of a check, a copy of a bank statement or a line-item hotel charge in place of an itemized receipt.***

## 12. Lunch

- Enter amount claiming for reimbursement for lunch.
  - No other information to be entered in this box.
- If the amount claimed is over per diem, please attach an itemized receipt.
  - Receipt must include:
    - i. items purchased
    - ii. cost of each item
    - iii. date of purchase
- The per diem rate includes gratuity.
- If claiming actual expenses with gratuity, gratuity cannot exceed 20% of your portion of the itemized receipt.
- Maximum reimbursement is 200% per diem.
- Lunch per diem amounts can be found using the [Travel Claims Lookup Tool](#).
- Lunch is reimbursable for travel requiring overnight stay and when departing before 11:30 a.m. and returning after 1:30 p.m.

***The Business Office cannot accept a credit card receipt, a copy of a check, a copy of a bank statement or a line-item hotel charge in place of an itemized receipt.***

## 13. Dinner:

Enter amount claiming for reimbursement for dinner.

- No other information to be entered in this box.
- If the amount claimed is over per diem, please attach an itemized receipt.
- Receipt must include:
    - i. items purchased
    - ii. cost of each item
    - iii. date of purchase
  - The per diem rate includes gratuity.
  - If claiming actual expenses with gratuity, gratuity cannot exceed 20% of your portion of the itemized receipt.
  - Maximum reimbursement is 200% of per diem.
  - Dinner per diem amounts can be found using the [Travel Claims Lookup Tool](#).
  - Dinner is reimbursable for travel requiring overnight stay and when leaving prior to 6:30 p.m. or returning after 6:30 p.m.

***The Business Office cannot accept a credit card receipt, a copy of a check, a copy of a bank statement or a line-item hotel charge in place of an itemized receipt.***

## 14. Lodging:

- Enter the per diem rate or the actual expense for lodging and taxes only for lodging.
  - Please list the amount you are claiming for lodging for each night.
  - If you claim more than per diem, please attach an itemized receipt showing the cost of the room and taxes.

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- Lodging does not include parking. Parking can be reported under “Other Amount.”
- Lodging per diem amounts can be found using the [Travel Claims Lookup Tool](#).
- If you claim more than \$300.00 per night before taxes, please attach a completed Advance Approval for Lodging form.

***The Business Office cannot accept a credit card receipt, a copy of a check, a copy of a bank statement or a line-item hotel charge in place of an itemized receipt.***

**15. Miscellaneous Amounts:**

- List the total for Miscellaneous travel Expenses for each date.
- List the Description (such as parking, toll) under “Other Expense Description.”
- Registration can be listed here.
- Items not directly related to travel are not reimbursable on a travel claim. If you incur costs not directly related to travel submit a Confirming PO to Internal Business Services – Budget/Purchasing. This includes supplies, copies, telephone charges, membership fees, services, etc.

**16. Miscellaneous Expense Description**

- Please add a description for the Miscellaneous amount listed.

**After completing the boxes on the claim, please insert total for each column.**

(Note: 17-20 auto calculates the total if you are filling out the form in the excel format)

**17. Total Miles:**

- Enter the number of total miles.
  - Total must match total miles claiming for reimbursement.

**18. Mileage Rate:**

- Please use the applicable mileage rate for the dates that you have travelled.
  - These rates are set by the IRS and cannot be adjusted.

**19. Total Mileage:**

- Multiply the number of miles by the mileage rate and list the total in dollars and cents.
- Please do not round up to the nearest dollar.
- Please round to the nearest cent.

**20. Meals, Lodging, Other Totals:**

Please list the totals:

Total Breakfast Reimbursements

Total Lunch Reimbursements

Total Dinner Reimbursements

Total Lodging Reimbursements

Total Miscellaneous Amount Reimbursements

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**21. Claim Amount Total:**

- Please total all the amounts claimed for reimbursement.
  - This is your Total Travel Claim Amount.
  - Please do not round this up to the next dollar.

**22. Program Account:**

- Enter all account numbers that your Travel Claim is to be reimbursed from.
  - All Travel Claims for employees must be paid from Object Code 5200.00.
- Ensure that the account number is valid before submitting it.
- Ensure that there are sufficient funds in the account before submitting it.

**23. Program Account # Amount:**

- List the amount being claimed for each account number.
  - If there is more than one account number and the amounts are not listed, we have to assume that the amounts are being split equally.

**24. Employee/Claimant Signature and Date:**

- Sign your name and enter date submitted to administrator for Approval on this line.

**25. Administrative Approval/Signature:**

- Please obtain the signature of your director, chief administrator, or senior cabinet member.

**26. Forward the claim to Accounts Payable for processing.**

Kern County Superintendent of Schools  
Attn: Accounts Payable  
1300 17<sup>th</sup> Street – City Center 5<sup>th</sup> Floor  
Bakersfield, CA 93301

Claims **received by the 5<sup>th</sup>** of the month will **be reimbursed by the 20<sup>th</sup>** (assuming no issue with the claim).

Claims **received by the 15<sup>th</sup>** will **be reimbursed by the last day of the month** (assuming no issue with the claim).

Claims with issues will be returned to the claimant or contact person for that claim. The cycle date for reimbursement will change to the time the revised/corrected claim is received.

More information regarding Travel Claims can be located online at <https://internal.kern.org/login-required/> under internal business services.

We have electronic (direct deposit) payments available. Please contact us if you are interested.