

MULTNOMAH EDUCATION SERVICE DISTRICT

FORM 109

MILEAGE AND PARKING EXPENSE CLAIM

NAME _____ DEPARTMENT _____

CLAIM FOR THE MONTH OF _____

DAY MILES	DESTINATION(S)	PARKING COST	DAY MILES	DESTINATION(S)	PARKING COST
1	_____	_____	16	_____	_____
2	_____	_____	17	_____	_____
3	_____	_____	18	_____	_____
4	_____	_____	19	_____	_____
5	_____	_____	20	_____	_____
6	_____	_____	21	_____	_____
7	_____	_____	22	_____	_____
8	_____	_____	23	_____	_____
9	_____	_____	24	_____	_____
10	_____	_____	25	_____	_____
11	_____	_____	26	_____	_____
12	_____	_____	27	_____	_____
13	_____	_____	28	_____	_____
14	_____	_____	29	_____	_____
15	_____	_____	30	_____	_____
			31	_____	_____

Employee ID number (PEID) _____

I certify the above mileage and parking was pursuant to my employment at the ESD.

Employee's Signature Date

Approved: Supervisor's Signature Date

Function # _____ Cost Center # _____

TOTAL MILES _____ TOTAL PARKING \$ _____

Total miles in district _____ x (*rate) _____ = _____ 0341
(In Multnomah County)

Total miles out-of-district _____ x (*rate) _____ = _____ 0342

*Contact Business Office for current rate TOTAL DUE \$ _____

PERSONAL EXPENSE INFORMATION

The following represent only the major elements of agency travel regulations. For more detailed information refer to Administrative Rule DLC - A R. Local travel expense claims for a given month will be paid during the following month on the schedule shown below. Claims for travel outside the local area may be submitted at any time.

RATES

- A. Mileage: - Board approved rate per approved mile (current I.R.S. reimbursement rate.)
- B. Meals: - Individual meals when less than three meals per day are authorized
 - Breakfast - maximum \$8.00 (plus 15% gratuity, plus tax)
 - Lunch - maximum \$10.00 (plus 15% gratuity, plus tax)
 - Dinner - maximum \$25.00 (plus 15% gratuity, plus tax)

Maximum reimbursement for a full day (breakfast, lunch and dinner) is \$43.00 plus 15% gratuity, plus tax.

LIMITS

1. Overnight lodging not authorized within Multnomah, Clackamas, Washington and Clark Counties.
2. Reimbursement for guest meal allowed only when such guest has performed a service for the ESD, has been scheduled by the ESD, and receives no other compensation from the ESD.
3. Lodging outside the area is authorized if official business reasonably requires overnight lodging.

PROCEDURE

1. Complete the Personal Expense Claim Form and submit the original to the appropriate supervisor for approval (with documentation of expenses for lodging, car rental, registration fees, and any unusual expenses.)
2. Supervisors countersign to indicate approval and submit original to Business Services.
3. Purchases for items not directly related to travel are to be submitted via the requisition process.

PAYMENT SCHEDULE

1. Claim received in Business Office by the 5th: to be paid on the 15th.
2. Claim received in Business Office on the 6th through 20th: to be paid on the 30th/31st.