Council on Occupational Education

REIMBURSEMENT POLICY

(NOTE: The COE Reimbursement Policy is not based on per diem rates.)

1. ORIGINAL RECEIPTS ARE REQUIRED. Attach all receipts for airline travel, car rentals, hotel bills, and group meals in excess of $20. (See item 5 below for individual meals.)

2. TRAVEL BY COMMON CARRIER (airplane, train, bus, boat, etc.) will be reimbursed at the NORMAL ECONOMY RATE or actual cost, whichever is less, plus the necessary expense to and from the place of departure of the common carrier.

3. PERSONAL AUTOMOBILE usage, if requested, is authorized at the current IRS-approved rate (55 cents per mile) by the most direct route. The maximum allowable reimbursement, including en route expenses, may not exceed the published tourist airfare to and from the site of the meeting. Fill out worksheet below. Carry total to front.

4. CAR RENTAL requires advance authorization by the Council or institution.

5. INDIVIDUAL MEALS-PAID CASH. Fill out worksheet below. Include original receipts for all individual meals. Carry totals to front.

6. UNREIMBURSABLE EXPENSES include items not directly related to COE business, such as telephone calls, lodging and meals for family members and guests, movies, entertainment, etc.

PAYMENT OF UNREIMBURSED EXPENSES: If you are authorized to sign the hotel bill on check out, pay for unreimbursed expenses at that time and have the hotel deduct this from the final bill sent to COE. In other cases, un-reimbursable expenses are to be deducted from the total of expenses.

USE OF PERSONAL AUTOMOBILE WORKSHEET

Highway mileage from _____to_____and return:

_____total miles at 55 cents per mile = $ _____.

INDIVIDUAL MEALS-PAID CASH WORKSHEET

DATE						
BREAKFAST						
LUNCH						
DINNER						
TOTAL						

REVISED: August 31, 2009

Council on Occupational Education
41 Perimeter Center East N.E., Suite 640
Atlanta, GA 30346

EXPENSE VOUCHER ● FILE WITHIN 14 DAYS OF INCURRING EXPENSES

_____
Payable to (Name)

_____
Mail to (Address)

_____
City State Zip Code

Telephone Number (_____) _____

Date Received by COE

Trip From: _____ To: _____
City and State City and State

To: _____ To: _____
City and State City and State

Purpose of Trip: _____
INCLUDE INSTITUTION NAME IF APPLICABLE

DAILY EXPENSES[1] DATE							**LINE TOTAL**
Plane, Train or Bus[2]							
Personal Auto [3]							
Car Rental[4]							
Taxi, Limousine							
Hotel (Room & Meals)							
Meals: Charged to COE							
Meals: Paid Cash[5]							
Parking Fees							
Other (Explain)							

Explanatory Notes:		
	TOTAL OF ALL EXPENSES	
	Less Items Charged to COE	
	Less Advances (If Any)	
	Less Un-reimbursable Expenses[6]	
	Net Amount to be Reimbursed	

****

_____ _____
Signature **Date**

●●●●●●●●●●●●●●●●●●●●●●●●●●●●●● (FOR COE USE ONLY) ●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●

Account	*Amount*	Account	*Amount*	Account	*Amount*
TRAVEL					
				TOTAL PAID	
				DATE PAID	___/___/___

_____
Approval Signature Date