OKLAHOMA CITY PUBLIC SCHOOLS
(revised 1.2020)

EXPENSE REIMBURSEMENT FORM

After Appropriate Signatures (i.e., Title I, Special Services, etc.), Return This Form And Attachments To :

Accounts Payable (**Acctspayable@okcps.org**)

Oklahoma City Public Schools

Mailing address: PO Box 36609 Oklahoma City, OK 73136

Location: Clara Luper Center for Educational Services, 615 N. Classen Blvd., Oklahoma City, OK 73106

Download this form at: http://www.okcps.org/Page/296

Per Diem Rates: (GSA = General Service Administration)	
(This section may be revised. Reimbursement is based on a Governmental formula.)	
1	Dates of departure regardless of departure time - 50% of GSA rate.
2	Full days out of state - 100% of the GSA rate.
3	Day of return state regardless of the arrival time - 50% of the GSA rate.

Visit GSA Web Page at: http://www.gsa.gov/portal/content/104877
Now Offering Per Diem Mobile App

Expense Report Instructions:	
1	Fields noted with a (*****) *must* be completed or we will be unable to process your request.
2	***Always*** include the Purchase Order number in the top box of the document. Indicate by choosing 'Yes' or 'No' from the drop down if additional claims will be filed on the Purchase Order listed. ***No answer will delay reimbursement.***
3	Complete the reimbursement form within ten (10) business days upon return from travel. ***(Claims not submitted timely may result in the loss of payment)*** . (*See G-39-R1 Travel Expense Approval, Documentation, & Reimbursement Administrative Regulation*)
4	If this form is printed and completed manually, columns and rows in calculation must be totaled and entered.
5	Insert Adobe date stamped signature on the completed form.
6	Email receipt copies and completed form to immediate Supervisor or Director, then to federal programs, (if federally funded), for approval. Claims without the required signatures will be rejected back to the sender via email response.
7	After all approval signatures are obtained, the employee or employee's supervisor must forward (email) completed paperwork to Accounts Payable.
8	Forward electronic copies of all receipts for incidentals to support expenses. Remember to save a copy of receipts and completed form for your records.
9	Claims not correctly submitted and / or timely may result in the loss of payment.

****New Function****
After completing the form, inserting your digital signature and gathering all receipts; email the form and receipts to the next appropriate approver for their digital signature. After all approval signatures are in place, email form and receipts to Accounts Payable (**Acctspayable@okcps.org**).

Expense Reimbursement Claim
Oklahoma City Public Schools

GR # _____ Date _____
For Office Use Only

PO #: *

This is my final claim for reimbursement of expenses on the purchase order. ⇲

Section I: Employee and Trip Information

*Employee Name

*Email Address

*Contact Phone

*Employee ID and Job Title

*Job Site Number and Location

*Inclusion Dates

*Conference Title or Trip Description (*Include city and state or zip for Per Diem verification*)

Section II: Employee Weekly Expense

*	Date	Daily Per Diem (*See page 1 under PerDiem Rates*)	Hotel	Plane	Auto Mileage (in Miles)	Choose Rate	Auto Mileage (in Dollars)	Vehicle Rental (Taxi/Limo)	Other (*Provide narrative in Section IV below*)	Total
Monday						▼				
Tuesday						▼				
Wednesday						▼				
Thursday						▼				
Friday						▼				
Saturday						▼				
Sunday						▼				
Total										

Section III: Use This Field To Calculate Monthly Mileage

Effective 01.01-12.31.25 _____ (=) _____
Enter # of Miles   *Total Reimbursement*

Effective 01.01-12.31.24 _____ (=) _____
Enter # of Miles   *Total Reimbursement*

Section IV: Explain Other

Section IV: Signatures (*Must be approved by at least next level Supervisor*)

* Traveler's eSignature

* Traveler's Name

* Approver's eSignature

* Approver's Name

* Approver's Title

Funding Source Determines Additional Signatures Required

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Required Funding Source Signature

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