

Elmira City School District



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February 2, 2024

TO: District Staff

FROM: Lindsey Tice
School Business Official

SUBJECT: Updated 2023-24 Travel and Conference Reimbursement Rates

Effective **January 1, 2024**, the mileage reimbursement for employees with rates not determined by collective bargaining agreements has been adjusted to reflect the new Federal guideline of \$0.67 per mile.

For mileage reimbursement, a District vehicle must be requested first for out of District travel.

Meals will be reimbursed and approved on the "Travel/Conference/Workshop Request" form in accordance with the Federal established per diem rate for the area that you are traveling to. Itemized receipts for all meals and expenses over \$10 must be submitted for reimbursement. Costs for meals exceeding the Federal per diem rate will not be paid. (Refer to www.gsa.gov for Federal per diem rates.)

Lodging will be reimbursed at a reasonable amount as approved on the "Travel/Conference/Workshop Request" form available on the District website or in your building main office and must be receipted. The reasonable nightly rates for lodging expense reimbursement for the 2023-24 year are:

up to \$107 for small city areas - i.e., Binghamton up
to \$114 for large city and resort areas - i.e., Albany
from \$169 up to \$258 - New York City

Costs for lodging which exceed the amount originally approved will not be paid. (Refer to www.gsa.gov for Federal lodging rates.)

Specific instructions for obtaining conference attendance approval and reimbursement can be found on the "Travel/Conference/Workshop Request" form and the "Claim Form for Travel and Conference Expenses." Please submit this for any reimbursements due to you after attending the conference.

NOTE: The attached "Mileage Reimbursement Form" is to be utilized for District travel other than that related to conference attendance. The form must be submitted by the 20th of each month for which reimbursement is requested. A District vehicle must be requested first for out of District travel.

LT:rp

OFFICE USE ONLY:	VENDOR # _____
AMOUNT PAID: _____	INVOICE # _____

ECSD MILEAGE REIMBURSEMENT FORM

NAME: _____ ADDRESS: _____

DATE _____ BUDGET CODE _____

APPROVED BY IMMEDIATE SUPERVISOR OR PRINCIPAL _____

SUBMIT MONTHLY APPROVED FORM TO: ACCOUNTS PAYABLE – CBO – BLDG 11 – BUSH CAMPUS

*Mileage not allowed “to and from home – conference days, snow days and holidays”
Please refer to the district mileage chart for distances between school buildings

MONTH: _____ SCHOOL: _____

SUBMITTED BY (Signature ONLY): _____ DATE: _____

DATE	LOCATION TRAVELED FOR THE DISTRICT	TOTAL MILES
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
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28		
29		
30		
31		

TOTAL MILES _____ x .67 = _____ (BEGINNING 1/1/2024)

