Employee Expense Reimbursement Procedures

- In-District Travel
 - Submit monthly
 - Must attach a mileage log documenting each day's travel with origination and destination (please refer to district mileage chart for mileage between buildings)
- Out-Of District Travel
 - Must attach mileage verification from Google Maps or MapQuest (screenshot)
 - If traveling by air, flight itinerary must be attached
 - Meeting/Workshop/Conference agenda or registration must be attached to confirm dates, location and meal (if any) provided by the conference registration
 - Meals are only reimbursed if overnight stay is required **and** if meals are not provided by conference registration fee. Eligible meals do not require receipts and are reimbursed at the per diem rate for the specific city. Contact Ardis Lohff <u>alohff@sdb.k12.wi.us</u> for each city's meal rate.
 - When requesting reimbursement for multiple meals such as three lunches, use Quantity of 3 rather than three different entries.
- Reimbursement for items or services (such as taxi's or supplies) other than those mentioned above require receipts to be attached. The district does not reimburse sales tax. A copy of the tax exempt certificate can be provided by building secretary or Ardis Lohff.
- Denied entries must be corrected. Log back into Skyward, select Expense Reimbursement, select Submit Request, highlight the entry that needs correction, click on Notes button. Descriptions of any necessary corrections are documented. Make the necessary corrections and click on Submit for Approval.

Directions for Entering an Expense Reimbursement in Skyward

1. Go to School District of Beloit home page. Click on Sign In. Enter network user name and password. Click Sign In. Click on Staff. Click on the link for Skyward Business/Student EA.

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	RICT PARENTS	STUDENTS	COMMUNITY	STAFF	DEPARTMENTS
					home / staff directory
STAFF DIREC	TORY				BDEGIKLMPS
в		1			Р
• BEA	• BEA				 Printing & Copying Services
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Data Systems		К			5
E		• Ko	lak Room Reservati	ions	Skyward Business/Student EA
Educational Stude	nt Travel	L			Staff Device Insurance
Employee Benefits		• Lib	rary		Staff Mentoring
Employee Forms		• Lic	ensing		Staff Safety
 Essential Links 		м			Start Weiness
G		• Ma	indatory Videos		
Grants					

2. Log into Skyward.



3. On the right side, click on Employee Access.



4. Click on Expense Reimbursement.

▼ Expense Reimbursement	
Submit Request	¢
Activity	1

- 5. Select Submit Request.
- 6. Select Add. Add If a screen comes up indicating you are not set up as an ACH vendor, contact <u>alohff@sdb.k12.wi.us</u> and you will be set up.
- 7. Complete screen with appropriate information. For Purpose for Reimbursement, enter name of conference and location. For other types of reimbursement, enter brief description such as In District Mileage. Click Save.

dd Expense Reimbursement Request		Save
Reimbursement For:	LOHFF, ARDIS A	Back
* Expenses From:	02/06/2014 🛒 * To: 02/07/2014 🛒	
* Purpose for Reimbursement:	SKYWARD CONFERENCE - WI DELLS	
Reimbursement payment option:	Reimhursement Payment made via AP ACH	
	Reinbursement Fayment made via AF ACH	
District Payment Reimbursement information:	YOUR REIMBURSEMENT WILL BE DIRECT DEPOSITED INTO YOUR PAYROLL BANK ACCOUNT.	

Asterisk	(*) denotes	a required field
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Expense Reimbursement	Information							Sa Finis
Reimbursement	For: LOHFF, ARDIS	A			Edit Master			
Expenses F	om: 02/06/2014	To: 02/07/2014	2 Days		Notes			
Purpose for Reimbursen	ent: SKYWARD COM	NFERENCE - WI DELLS			Attachments			
Reimbursement payment op	tion: Reimbursemer	nt Payment made via AP ACH						
Total Reimbursement Amo	unt:	\$0.00	-					
Required Pre-ver	fier: JOANN BETH	ARMSTRONG						
Expense Reimbursement De	tail Lines							
Views: General V Filters:	*Skyward Defau	lt 🗸			T	•	ē,	A
# 🔺 Date Type	Descri	ption/Customer	Quantity	Amount	Total Amount C	R D		E
There are no records to display	; check your filter se	ettings.					~	De
mere are no recordo co diopidy								

9. Enter or adjust the Date of the Expense. For Reimbursement Type, click on the down arrow for

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options. 
*Reimbursement Type:
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10. Select Expense Type.

	AIRFARE WITH ONE BAG [AIRFARE]	
1	BREAKFAST IN WI [BRK WI]	
	BREAKFAST OUT OF WI [BRKOUTWI]	
	CAR RENTAL & GAS [CAR RNTL]	
	PER DIEM MEAL RATE IN WI [DAYIN WI]	
	PER DIEM MEAL RATE OUT OF WI [DAYOUTWI]	
1	DINNER IN WI [DNNR WI]	Ξ
	DINNER OUT OF WI [DNROUTWI]	
	GROUND TRANSPORTATION [GRD TRSP]	
	HOTEL [HOTEL]	
	LUNCH IN WI [LCH WI]	
[LUNCH OUT OF WI [LCHOUTWI]	
	BOOKS; OTHER MATERIALS [MATERIAL]	
	2014 MILEAGE [MILEAG]	
	2013 MILEAGE [MILEAGE]	

11. Complete the screen by adjusting the "Quantity" and entering a "Description". If you are requesting three lunches, enter 3 as the Quantity rather than making three entries. Tab to the "Account" line and enter the account number to be charged. If a receipt is required, click "Receipt Attached". Click Save. See Hints at the beginning of this procedure for required documentation.

xpense Reimbursement Inf	ormation						
Expenses From:	02/06/2014	To: 02/07/2014	2 Days				
otal Reimbursement Amount:	\$1	7.00					
d Expense Reimbursemer	nt Detail Line						Save
Line Number:	1		Receipt Attached		Direct Bil	I/Do not Reimburse	Back
* Date:	02/06/2014	🕂 Thursday					
* Reimbursement Type:	DINNER IN WI			DNNR WI			
Category:	Meals						
	DISTRICT'S RAT	TE FOR DINNER IN WI	OVERNIGHT TRAVEL ONLY				
Quantity:	1.00						
Amount:	\$1	17.00	(Maximum allowed for this coo	e is \$17.00)			
Total Amount:	\$	17.00					
Detail Line Accounts			Account Colorbian 2				
ACCOUNT	- CENERAL FUR			Ar		100.00 More	
52014 542 252000 000 000000	GENERALITON	Dybosiness & oreign	Total		17.00	100.00	
			Ed	t Master			

12. To attach a receipt, click on Attachments. Click on Add File. At "Type" click on down arrow and select "Attachments (Expense Reimbursements

Attachments)". Add "Description". Click on Browse... Browse... Select the document to be

attached. Click Save. In the next screen, click Back.

https://skyward.iscorp.com	n/scripts/wsisa.dll/WService=wsfinbeloitwi/fattmvi	iew003.w?isPopup=true		≙
Expense Reir	mbursement Request A	ttachments	📹 ጎ 🖶	?
Edit Expense R	eimbursement Request Attach	ment	Save	
<u>* Type:</u>	Attachments	 Expense Reimbursement Request 	Васк	
Entered Date:	02/11/2014			
Entered Time:	11:31 AM			
Entered By:	ARDIS A LOHFF			
* Description:	RECEIPT FOR KALAHARI			
* Attached File:	sample receipt.pdf			
	Change the file that is used for	this attachment.		
Asterisk (*) denotes	a required field			

13. If you have more than one Expense Type for the same day/conference, click Add. Add Contiue until all expenses have been entered. When adding another expense, at the Add screen you can choose Clone. Make the changes for the new expense; you won't need to reenter the account number. Then click Save.

Exper P Reiml	nse Reimburse Reimburs Expe urpose for Reiml	ement Inform ement For: LC nses From: 0 bursement: D M ent option: R	AATION DHFF, ARDIS A 2/06/2014 To: 02/07/2 KPENSES TO ATTEND SKYWARD O ILEAGE, AND HOTEL eimbursement Payment made via	2014 Confere AP Ach	2 Days ENCE AT KALAHARIMEAL	5,	Edit Master Notes Attachments				Sut Ar Sa Fini	mit Fo proval ve anc sh Late	n J St
Tot	Total Reimbursement Amount: \$229.12												
Expens	e Reimbursem	ent Detail Li	nes										
Views:	General 💌 🖪	ilters: *Skyw	ard Default 💌						T	í 🏨	8	Ê,	Add
# 🔺	Date	Туре	Description/Customer		Quantity	Amount	Total Amount	С	R	D			Edit
▶ 1	02/06/2014	DINNER IN	WI DINNER AT FAMOUS DAV	/E'S	1.0000	17.0000	17.00	М				^	Delete
▶ 2	02/06/2014	HOTEL	HOTEL STAY AT KALAHA	RI	1.0000	99.0000	99.00	L					
▶ 3	02/06/2014	2014 MILEA	GE MILEAGE TO AND FROM DELLS	WISCON	NSIN 202.0000	0.5600	113.12	G					Clone
													Mass Add Detail

14. If you need to leave this process before finishing, click Save and Finish Later. If you have completed your expense reimbursement request, click Submit For Approval.



If you have any questions, please email/call Ardis Lohff at <u>alohff@sdb.k12.wi.us</u> or 361-4116.