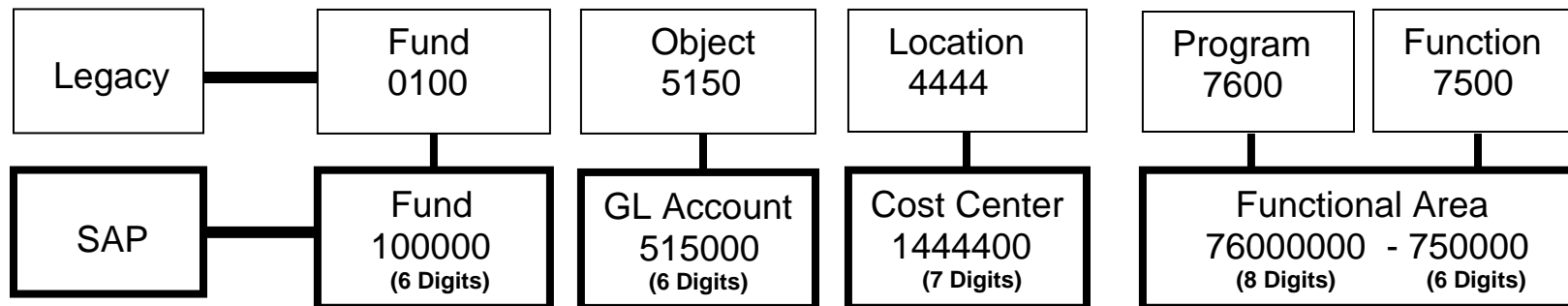


Translation of Legacy Structures to SAP Structures

This is only an example.

Please note that each location must use their own Fund, GL Account, Cost Center and Functional Area information.



INSTRUCTIONS FOR IN-COUNTY TRAVEL

Per amended In-County Travel Policies and Procedures Manual, which is incorporated by reference and is part of School Board Rule 6Gx13-4C-1.07, effective December 14, 2005.

When preparing the Voucher for Reimbursement of In-County Travel (FM-0148), the following requirements must be met:

1. Transportation expenses between your home and your main, or normal, place of work (base of operations) and back home, are considered personal commuting expenses, and therefore, are **never** reimbursable (including weekends and holidays).
2. Employees who depart from and return to their work location may claim the total miles driven while on official School Board business.
3. Instructions regarding Daily Commute:
 - a. Miles traveled by an employee who departs from home to a business location shall not be reimbursed if the mileage traveled to the first business location is less than the mileage from home to the employee's regular work location. However, any excess mileage on the first trip and all mileage on subsequent trips is reimbursable, **except for the last trip of the day**, as explained in the following item, 3.b.
 - b. Mileage traveled by an employee who returns home from a business location is not reimbursable if the mileage from the employee's last business location to home is less than the mileage from the employee's regular work location to home. However, any excess mileage is reimbursable.

EXAMPLES:

DATE	TRAVEL PERFORMED FROM POINT OF ORIGIN TO DESTINATION NOTE: THE "FROM" AND "TO" MUST BE SPECIFIED	ROUND TRIP	PURPOSE	GROSS MILES TRAVELED	DAILY COMMUTE	NET MILES CLAIMED
03/01/12	FROM: W/L (Base)	✓	SAP Meeting	23.00		23.00
	TO: ITS					
03/02/12	FROM: W/L (Base)		Deposit Field Trip Money	4.00		4.00
	TO: Post Office (123 Main St)					
03/02/12	FROM: Post Office			6.00	10.00	0.00
	TO: Home					
03/03/12	FROM: Home		To teach PE	16.50	10.00	6.50
	TO: Air Base Elementary					
	FROM: Air Base Elementary		Drop off Test Results	2.00		2.00
	TO: Naranja Elementary					
	FROM: Naranja Elementary		Pick up Test Forms	17.00		17.00
	TO: Kendale					
	FROM: Kendale			1.00	10.00	0.00
	TO: Home					

4. Whenever the point of origin or destination is not an M-DCPS location, the **complete address must be indicated**.
5. Include name and work location number of all M-DCPS locations.
6. The period covered cannot be older than one (1) year.
7. The total reimbursement amount must be more than \$50.00 (except during June).
8. All appropriate forms have been completed (including signatures), and are included in the travel reimbursement request packet.
9. All receipts for parking, tolls, etc., **must be taped** onto an 8 1/2 x 11 sheet.
10. **All documents, including the Voucher for Reimbursement of In-County Travel (FM-0148), must be attached to a completed and signed Employee Reimbursement Form (FM-2821), before being submitted (one form per employee - both forms).**
11. If you are assigned to multiple locations only one location can be designated as a "base".



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
VOUCHER FOR REIMBURSEMENT OF IN-COUNTY TRAVEL**

DATE	TRAVEL PERFORMED FROM POINT OF ORIGIN TO DESTINATION NOTE: THE "FROM" AND "TO" MUST BE SPECIFIED	ROUND TRIP	PURPOSE	GROSS MILES TRAVELED	DAILY COMMUTE	NET MILES CLAIMED
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Please read and be familiar with the Instructions For In-County Travel, found immediately preceding this form. You may print the instructions for future use.

IMPORTANT: Rates have changed!
Report mileage separately as follows:
Miles traveled on or after **01/01/17** at **\$0.535**.
Miles traveled on or after **01/01/18** at **\$0.545**.

DO NOT COMBINE RATES.

MILES - THIS PAGE ONLY	_____	Mi.
TOTAL MILES - ALL PAGES	_____	Mi.
RATE PER MILE	@ _____	Mi.
TOTAL MILEAGE ALLOWANCE	\$ _____	
* TOLL	\$ _____	
* PARKING	\$ _____	
* REGISTRATION FEES	\$ _____	
TOTAL REIMBURSEMENT	\$ _____	

*** ORIGINAL RECEIPTS, NEATLY TAPED (DO NOT OVERLAP) TO AN 8 1/2 X 11 SHEET OF PAPER, MUST ACCOMPANY THIS FORM.**

EMPLOYEE NAME _____ PERSON ID or PERS ASSIG: _____

BASE LOCATION _____ DAILY COMMUTE (ONE WAY ONLY) _____ MILES

COST CENTER	CHARGE COST CENTER	FUND	FUNCTIONAL AREA	WAGE TYPE	GL ACCOUNT
				3540	533000

I hereby certify or affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties; and that same conforms in every respect with the requirements of Section 112.061, Florida Statutes, Regulations of the State Board of Education, and the Policies of The School Board of Miami-Dade County, Florida.

Verified, Approved and Certified By: _____

Payee: _____

Supervisor of Charge Cost Center- Typed _____

Employee Name (Typed) _____

Signature _____

Signature _____

Title _____

Date _____

Title _____

Date _____



MIAMI-DADE COUNTY PUBLIC SCHOOLS VOUCHER FOR REIMBURSEMENT OF IN-COUNTY TRAVEL

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EMPLOYEE NAME (Typed) _____ MONTH _____ YEAR _____

PERSON ID or PERS ASSIG: _____



MIAMI-DADE COUNTY PUBLIC SCHOOLS VOUCHER FOR REIMBURSEMENT OF IN-COUNTY TRAVEL

Page ____ of ____ Pages

DATE	TRAVEL PERFORMED FROM POINT OF ORIGIN TO DESTINATION NOTE: THE "FROM" AND "TO" MUST BE SPECIFIED	R O U N D	P U R P O S E	GROSS MILES TRAVELED	DAILY COMMUTE	NET MILES CLAIMED
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**MIAMI-DADE COUNTY PUBLIC SCHOOLS
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