

**Idaho Head Start Association
Travel Reimbursement**

Name of traveler _____

Address of traveler _____

IHSA position _____

Purpose of travel _____

Depart from			Arrive at		
Date	Time	City	Date	Time	City

Transportation

Mileage: _____ miles @ current GSA rate (see www.gsa.gov) Total \$ _____

Other transportation expenses: _____ Total \$ _____

Meals/per diem - number of days to be reimbursed @ current GSA rates (see www.gsa.gov) Total \$ _____

Other anticipated expenses – registration, telephone, lodging, cab fare, etc. Total \$ _____

Actual or estimated:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL EXPENSES \$ _____

Reimbursement Requested \$ _____

I certify that this statement and the amounts requested are true, correct and complete to the best of my knowledge, and that payment for the amount due has not been claimed from any other source.

Signature _____ Date _____

Approved by _____ Date _____

Regional travel \$ _____
 Gov. Board travel \$ _____
 Liaison travel \$ _____
 Registration \$ _____

Date check issued _____

Check # _____

TRAVEL POLICIES

- A. All IHSA travel must receive prior written authorization from the IHSA Executive Director. Unauthorized travel will not be reimbursed.**
- B. Who may request approval for travel reimbursement:**
- IHSA will reimburse Executive Committee members who attend regularly scheduled Executive Committee meetings, unless the Committee member is also attending another meeting for which they are reimbursed.
 - IHSA will reimburse Regional Representatives who attend regularly scheduled Regional Association meetings, unless the Regional Representative is also attending another meeting for which they are reimbursed.
 - IHSA will reimburse members or consultants who attend specifically called meetings that fall within the purview of their membership responsibility, e.g. national meeting for state association presidents, national collaboration meetings, etc.
- C. Out-of-area travel:**
1. Lodging - Whenever possible, lodging arrangements will be coordinated with the IHSA office staff. Receipts for lodging must accompany reimbursement request.
 2. Travelers will be reimbursed after travel is completed and upon receipt of the Travel Reimbursement Form. You must submit airline ticket stub(s) as proof of travel if applicable.
 3. Meals included in registration or covered under other circumstances will not be reimbursed.
 4. Airline travel arrangements should be made through the IHSA office, unless other arrangements have been made and must be requested at least 14 days in advance in order to obtain the most reasonable fares.
- D. Miscellaneous reimbursement information:**
1. The following miscellaneous expenses may be reimbursed:
 - Ground transportation: taxi and bus fares to and from airports, parking fees at airport or hotel as otherwise required. Receipts must be attached.
 - Registration fees or attendance fees for meetings.
 - Child care reimbursement: Child care will not be reimbursed when the child is in his/her regular child care program. Child care by relatives or domestic associates living in the home will not be reimbursed.
 - Hourly rate ..\$1.50 per hour for one child
 - \$1.00 per hour for each additional child
 - Daily rate.....\$30 per day for the first child
 - \$15 per day for the second child
 - \$ 5 per day for each additional childChild care reimbursement may not exceed \$50 per day, including 24 hour child care.
 2. Hotel arrangements are to be made through the IHSA office whenever possible.
 3. Meals and mileage will be reimbursed at current GSA rates, which are available at www.gsa.gov . Reimbursable mileage distances are shown on the Idaho Transportation Department's State Travel Mileage Chart. Reimbursement for out-of-state travel via personal vehicle must be pre-approved by the IHSA Executive Director.