



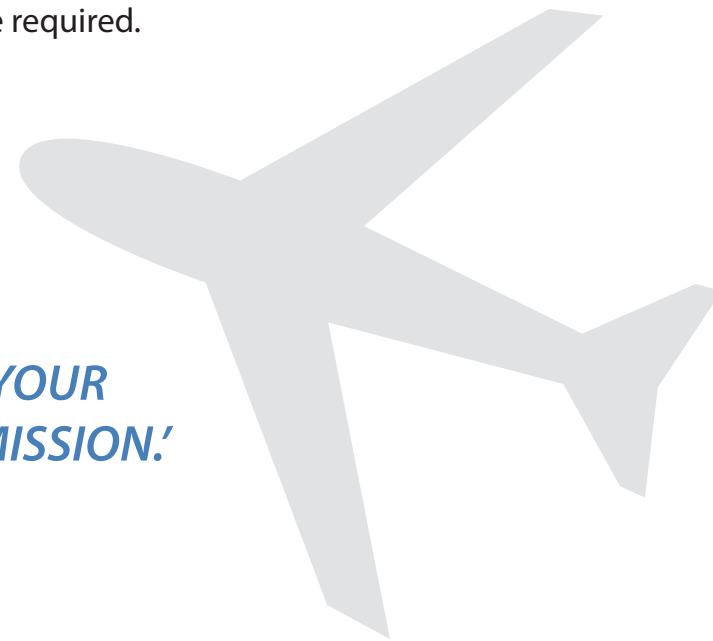
CABE PDS CONSULTANT TRAVEL AND BUSINESS EXPENSE GUIDLINES

CABE PDS CONSULTANT POLICIES AND PROCEDURES

The California Association for Bilingual Education (CABE) and CABE Professional Development Services (PDS) appreciates your work on behalf of our shared mission! When travel or other work expense is necessary to complete the PDS work that you have accepted, we ask that you follow the established policies and guidelines outlined in this guide when requesting reimbursement for approved expenses. It is our desire to provide clear direction and avoid any misunderstandings in order to facilitate the processing of your request. If any questions arise in preparation for your work, either regarding travel or materials, etc., we encourage you to contact the PDS office before incurring any expense, rather than assuming that it will be covered and reimbursed.

Please use the “CABE PDS Travel and Expense Reimbursement Request Form” to request reimbursement for any travel or other expenses related to your PDS consulting work. Below is a sample “CABE PDS Travel and Expense Reimbursement Form,” along with instructions on how to complete each section. As per CABE’s Board-approved travel reimbursement guidelines (7/1/14), you will need to provide proof of all expenses for which you are requesting reimbursement, so an original, itemized receipt will always be required.

‘CABE AND CABE PDS ARE APPRECIATIVE OF YOUR WORK ON BEHALF OF OUR SHARED MISSION.’



Sample Expense Reimbursement Request Form

CABE PDS Travel and Expense Reimbursement Request Form

Name: _____ Purpose of Travel: _____
 Address: _____
 City, St., Zip: _____ For Travel From: _____ To: _____

										Office use:
	Date	Description/Name of Event/City	Air/Trans	Lodging	Breakfast	Lunch	Dinner	Other*	Total	CCtr/LI
Section I									\$0.00	
									\$0.00	
									\$0.00	
	1	2	3	4	5a	5b	5c	6	7	8
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
Section II	Date	Name of Meeting or Event	Mileage reimbursement =\$.56/mile	No. Miles	Rate	Subtotal			CCtr/LI	
			please include PDF of mileage		\$ 0.56	\$ -				
	1	2	please include PDF of mileage	3	4	5	6	7	8	
			please include PDF of mileage		\$ 0.56	\$ -				
			please include PDF of mileage		\$ 0.56	\$ -				
Section III	Date	*Description for "Other" Expenses	Amount			Subtotal				
	1	2	3			\$ -				
							Total Reimbursement			\$0.00
*I certify these expenses, amounts and attachments are true and correct to the best of my knowledge. (rev. 9/20/18)			Signature _____ 1			Date _____				
			Approved by _____			Date _____				
Please don't forget to attach receipts and mileage documentation. Thank you!										

Questions? Contact Andrea at (626) 814-4441, ext. 214, or Andrea@gocabe.org

Section I: Transportation, Lodging, Meals, and Other Costs

1 Date

In this column, list each date of your travel for which you are requesting a reimbursement on a separate line. For example, if you are gone for a 3-day trip, list each day separately so that you can show your meals and other expenses on each of the 3 days you were traveling. If you are only claiming mileage for a trip, please enter the date of the trip, the destination, and the mileage only in Section II. You do not need to list the trip in Section I.

2 Description/Name of Event/City

In this column, list your destination city. For example, if you travel to Sacramento, you would list “Sacramento” in this column. Also list the event or purpose for your trip (e.g., district/site name).

3 Air/Trans

All forms of travel that you are seeking reimbursement for are listed in this column (e.g., air, rental car, train, bus, taxi, etc.). All air travel and rental cars must have prior approval from and will be arranged for you through the CABE PDS office. Please fill out the “CABE PDS Travel & Lodging Request Form” as soon as you accept work that will require travel, lodging, or car rental reservations so that we can obtain the lowest possible fare/rate. Air travel reservations will be prepaid by CABE PDS. For air travel, CABE PDS will

cover the cost of one suitcase, but carry-on luggage is preferred if you are flying on an airline that charges for checked bags.

Under certain circumstances, based on the timing of the offer of work, you may request approval from the CABE PDS office to make your own airline reservations. CABE PDS will only reimburse for “coach” or “tourist” fare for travel by a common carrier. “First Class” or “Business Class” travel will not be reimbursed. Approval by the CABE PDS office will be necessary if an individual airfare is greater than \$400.

Safe economical, environmentally sound ground transportation is important. Airport shuttle transportation, bus, or train are recommended. Taxis are more costly but permitted when other forms of transportation are unavailable.

4 Lodging

In this column, you will report any lodging expense. Hotel reservations must have prior approval from and will be arranged for you through the CABE PDS office. Please request your hotel reservations as soon as possible so that we can obtain the lowest possible rate. To submit a lodging request, please fill out the “CABE PDS Travel & Lodging Request Form”. Under certain circumstances, based on the timing of the offer of work, you may request approval from the

CABE PDS office to make your own hotel reservations. Personal safety comes first, but please be economical in your choice of lodging. The hotel must be reasonably priced. CABE PDS does not pay for hotel room movies or other entertainment while traveling.

5 Meals: Breakfast, Lunch, Dinner

In these three columns (5a, 5b, 5c), you will enter your meal expenses. CABE PDS policy allows for reasonable expenses for food, beverages (no alcohol), and related tips incurred while conducting CABE PDS business that requires an overnight stay, and is aligned with the CABE Board policy. You must obtain and submit all original itemized receipts for every meal.

Reimbursement limits on eligible meals for CABE PDS work that requires an overnight stay are as follows: breakfast, \$10; lunch, \$10; and dinner, \$25 (as per CABE Board policy). CABE PDS does not pay for snacks while traveling. You are allowed three (3) meals for every overnight stay. For instance, this allowance may include lunch and dinner on the day of departure and breakfast the following day, or dinner on the day of departure and breakfast and lunch the following day.



5a Breakfast

In this column, enter the cost of the breakfast for which you are seeking reimbursement. \$10 is the maximum reimbursement for breakfast. An itemized receipt is required. Breakfast is only reimbursed for some overnight trips (please see CABE PDS policy explanation, above).

5b Lunch

In this column, enter the cost of the lunch for which you are seeking reimbursement. \$10 is the maximum reimbursement for lunch. An itemized receipt is required. Lunch is only reimbursed for some overnight trips (please see CABE PDS policy explanation, above).

5c Dinner

In this column, enter the cost of the dinner for which you are seeking reimbursement. \$25 is the maximum reimbursement for dinner. An itemized receipt is required. Dinner is only reimbursed for some overnight trips (please see CABE PDS policy explanation, above).

Please note: When eligible for all three (3) meals for an overnight trip, there is a \$45 limit for all three (3) meals combined per 24 hours of the trip.

EATING OUT WITH A GROUP DURING CABE PDS WORK:

If you are invited out to eat with a group while working on a CABE PDS project that requires an overnight stay, we cannot cover the meal cost of others in the group.

Each CABE PDS consultant should obtain a separate receipt for his/her own meal. Any friends, colleagues, or family members not under contract with CABE or CABE PDS who join you for a meal must pay for their own meals separately. If you are invited to eat out with a group while working on a CABE PDS project that does not include an overnight stay, your meal would not be eligible for reimbursement as per the CABE Board policy.

PRE-APPROVED GROUP MEALS DURING CABE PDS WORK:

From time to time, you may be invited to participate in group meals, or you may want to invite others to join you for a group meal that may be considered a part of your CABE PDS work. Please note that any group meal must be pre-approved by the CABE PDS office. If approved, the following must be reported and submitted on a separate sheet of paper along with the original, itemized receipt for all pre-approved group meals:

- Name and title of each person present,
- Topic(s) discussed, and
- Purpose for meeting

6 Other*

In this column, enter items that do not fall into the previous categories/columns. For instance, you may have to pay for parking at the airport if you are traveling by air. The asterisk (*) is to remind you that for all "Other*" column expenses, you report the dollar amount of the expense (such as the aforementioned

parking expense) in this column, and then enter the date, description, and amount for the expense in Section III (please see further directions for Section III, below). You must attach the itemized receipt for each item for which you are requesting reimbursement in the "Other*" column. CABE PDS does not pay for snacks, hotel room movies, other personal entertainment, or lost/broken personal items while traveling.

GROUP ENTERTAINMENT AND ACTIVITIES:

From time to time, you may be invited to participate in group entertainment or activities that may be considered a part of your CABE PDS work. Please note that any group entertainment and/or activities must be pre-approved by the CABE PDS office. If approved, the following must be reported and submitted on a separate sheet of paper along with the original, itemized receipt for all pre-approved group entertainment and/or activities:

- Name and title of each person present,
- Topic(s) discussed, and
- Purpose for meeting

COPIES

Copies of documents for your work can be provided by CABE PDS when the documents are submitted for duplication at least 10 business days prior to the event, along with the "Presenter Materials Request Form." CABE PDS can make copies at a much more economical rate at the CABE office than at a commercial print shop, such as Staples or FedEx Office.

Sometimes (depending on the Memorandum of Understanding [MOU]), the host district/site/organization may be responsible for making the copies at no cost to you or CABE PDS. They typically will request that you submit the documents to be duplicated at least two (2) weeks prior to the date(s) you will be working with them. If you are having the district/site/organization make the copies for you, please also send the “Presenter’s Materials Request Form” and all your presentation documents (even though you may not be requesting copies of all the documents) to Karmina Ramirez (karmina@gocabe.org) so that we have them for our records and in case they are needed for back-up so that, in the unlikely event that you cannot perform the work, we will have access to the documents so that we can have another consultant step in for you.

If you are not able to send along the documents you need printed for your presentation or consulting work, you will have to use your professional judgment as to whether or not you ask the host district/site/organization to make the copies. If you need to make copies at Staples or FedEx Office, etc., and you have prior approval from the CABE PDS office to do so, provide the itemized receipt and descriptions of the copy order when submitting your reimbursement request. Enter the amount of the expense in the “Other*” column in Section I and then enter

the date, description, and amount in Section III (see further instructions for Section III, below). If you are having the copies made by the district or at Staples or FedEx office, etc., please also send the “Presenter’s Materials Request Form” and all your presentation documents (even though you may not be making copies of all the documents) to Karmina Ramirez (karmina@gocabe.org) so that we have them for our records and in case they are needed for back-up so that, in the unlikely event that you cannot perform the work, we will have access to the documents so that we can have another consultant step in for you.

GASOLINE:

Gas receipts for rental cars are eligible for reimbursement, while gasoline expenses for your personal car are not, as you will be reimbursed indirectly for your gas expense through the CABE Board-approved per mile reimbursement rate of \$.56 per mile.

SUPPLIES:

Office supplies (books, copy paper, markers, etc.) are not reimbursable unless you have prior approval from the CABE PDS office for their purchase. These items may be in stock in the CABE PDS office or may be obtained at a lower cost through CABE PDS accounts. The purchase of items such as luggage, hand trucks, door prizes, awards, snacks, personal items, etc., is not reimbursable.

For reimbursable expenses, submit the itemized original receipt for all pre-approved purchases, enter the amount of the expense in the “Other*” column in Section I, and then enter the date, description, and amount in Section III (see further instructions for Section III, below).

EVENT PARKING:

Please use self-parking rather than valet parking. If you choose to use valet parking, please be advised that you will be reimbursed up to the cost of self-parking; the additional cost for valet parking will be not be reimbursed. If you have boxes of materials, etc., to unload, stop in the registration parking area, unload, have the bell hop hold your items until you return from parking your car. At the event, ask if the parking is validated and take advantage of the validation. Provide the itemized parking receipt and enter the amount of the expense in the “Other*” column in Section I, and then enter the date, description, and amount in Section III (see further instructions for Section III, below).

AIRPORT PARKING:

Airport parking can be very costly. Off-site lots with shuttle transportation are recommended to keep the cost down. Provide the itemized parking receipt and enter the amount in the “Other*” column in Section I, and then enter the date, description, and amount in Section III (see further instructions for Section III, below).

7 Total
 This column contains mathematical formulas that automatically calculate the totals from columns 3, 4, 5a, 5b, 5c, and 6 in Section I. You do not have to enter anything in this column. As you add an expense in any of the columns to the left, it will automatically update the total. Please note that the expenses from the "Other*" column that you also recorded in Section III are not included in the "Total Reimbursement" amount as they are already included in the total in Section I.

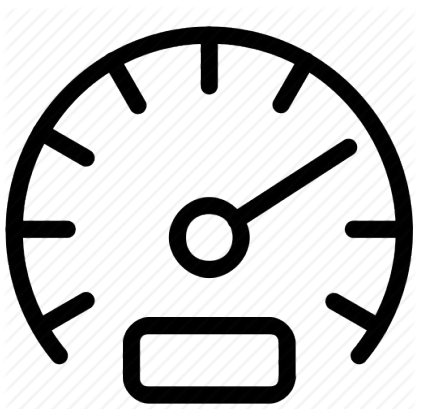
8 Office Use: CCtr/LI
 This section is for CABE PDS office use only. You do not have to enter anything in this column.

Section II: Mileage

Mileage accrued in your personal vehicle traveling to and from CABE PDS professional development or consulting work is reimbursed at \$0.56/mile from your starting point (i.e., home, etc.) to your business destination and back as per CABE Board policy. Rental car mileage is not reimbursed. Gas receipts are also not eligible for reimbursement when using your personal vehicle, as you are compensated for gas in your personal mileage reimbursement. Gas receipts for rental cars are eligible for reimbursement (please see reimbursement instructions in Section I, "6. Other*," above).

1 Date
 In this column, list each date of your travel on a separate line for which you are requesting mileage reimbursement. For example, if you are gone for a 3-day trip, list each day separately so that you can show your mileage on the date that the travel occurred. If you are only claiming mileage for a trip and not claiming any air, transportation, lodging, meals, or other expenses, please enter the date(s) from the trip, the destination, and the mileage traveled each day of the trip only in Section II.

2 Name of Meeting or Event
 In this column, list the name of the meeting or event that you are claiming mileage for reimbursement. For example, if you travel to Baldwin Park to work in Baldwin Park Unified School District, you would list "Baldwin Park USD."



3 Mileage Reimbursement= \$.56/mi
 You do not need to enter anything in this column. CABE PDS can only reimburse your business miles, without other personal stops along the way. For example, if you leave home and travel to the dry cleaner, then to Starbucks for coffee, then over to the babysitter to drop off your child, and then on the PDS business destination, CABE PDS will only reimburse the mileage directly from your home to the business destination and back. Be sure to include a PDF of the Google Maps, MapQuest, or other map tool for each trip for which you are requesting reimbursement.

4 No. Miles
 In this column, enter the mileage for which you are requesting reimbursement, based on the Google Maps, MapQuest, or another map tool's documentation of the correct mileage for the trip. If you traveled round-trip to the destination, be sure to include the mileage there and back. If the trip was one-way, include the one-way mileage.

5 Rate
 You do not need to enter anything in this column. This column shows the current CABE Board policy rate of reimbursement per mile.

6 (Dark shaded area)
 You do not need to enter anything in this column.

7 Total
 You do not need to enter or calculate anything in this column, as it contains mathematical formulas that automatically calculate the product of each row in columns 4 and 5 in Section II. As you add mileage in each row in column 4, it automatically calculates the total for each row in this column. At the bottom of the column, the subtotal of the amount of mileage reimbursement that you are claiming is calculated. At the very bottom of the column, in the lighter blue cell to the right of the one that says "Total Reimbursement," there is a mathematical formula to calculate the total amount of reimbursement for Sections I and II that you are requesting. Please note that the items listed in Section III are not calculated in the total, as they are already listed and included in the total expenses for Section I.

8 Cctr/LI
 This section is for CABE PDS office use only. You do not have to enter anything in this column.

SECTION III: DESCRIPTION OF OTHER* EXPENSES

Please note that the items listed in Section III are not calculated in the total reimbursement being requested, as they are already listed and included in the total expenses for Section I. The purpose of this section is to allow the reviewer to understand the origin of the expenses listed in the "Other*" column to verify their eligibility for reimbursement.

1 Date
 In this column, list the date for each expense for which you are requesting reimbursement in the "Other*" column in Section I.

2 *Description for "Other*" Expenses
 In this column, describe each of the expenses for which you are requesting reimbursement in the "Other*" column in Section I.

3 Amount
 In this column, list the amount of each expense for which you are requesting reimbursement in the "Other*" column in Section I.

1 Signature and Date
 Be sure to sign and date your "CABE PDS Travel and Expense Reimbursement Form" before submitting it for processing.

CABE PDS Travel and Expense Reimbursement Request Form

Name: _____ Purpose of Travel: _____
 Address: _____
 City, St., Zip: _____ For Travel From: _____ To: _____

									Office use:	
	Date	Description/Name of Event/City	Air/Trans	Lodging	Breakfast	Lunch	Dinner	Other*	Total	Cctr/LI
Section I									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
Section II									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
Section III									\$0.00	
									\$0.00	
									\$0.00	
									Total Reimbursement	\$0.00

*I certify these expenses, amounts and attachments are true and correct to the best of my knowledge. (rev. 9/20/18)

Signature _____ Date _____
 Approved by _____ Date _____
 Please don't forget to attach your receipts and mileage documentation. Thank you!

My Notes:

My Notes:

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