- READ AND FOLLOW INSTRUCTIONS ON BACK OF THIS FORM -

	EMPLOYEE EXPENSE REIMBURSEMENT													
FORM SEH-19											MONTH	DAY	YEAR	
	EDC	ARD OF JCATION		PRINT OR	TYPE ALL	INFORI	MAT	TON						
T	NAME:							EN	IPLOYEE ID NUM	BER:				
-	SCHOOL/DIVISION	:	FUND	AGENCY		SUB-O	RG	ACTIVITY	FUNCTION	OBJ.	SUB-OBJ.	JOB/PROJ.	RPT.CAT.	
												500,111051		
	TYPE OF HEADQUARTERS				COMMUTING MILES				TOTAL REIMBURSEMENT REQUESTED					
							\$1							
			AUTO				OTHER EXPENSES							
Π	DATE	REASON FOR EXPENDITURE (IF TRAVEL: FROM AND TO AND PURPOSE OF TRIP)						MILES RAVELLED	(STAPLE ALL SUPPORTING DOCUMENTS, RECEIPTS, ETC. TO THIS FORM)			s, A	MOUNT	
III														
										OTHER EXP				
	APPROVALS				TOTAL MILES:				B X MILEAGE RATE = C Less: ADVANCE					
	EMPLOYEE SIGNATURE				DATE:			NET REIMBURSEMENT (A + B - C)						
	AUTHORIZED BY:			DATE:								<u> </u> N		
	PRINT NAME AND TITLE								SE CORRECT ITE	EM(S) NOTED	BELOW AND R	RESUBMIT TO	ON.	
					DATE:			LOYEE ID NUME	BER MISSING OR I	NCORRECT				
	APPROVAL FOR "OUT OF STATE" TRAVEL:							BUDGET CODES MISSING OR INCORRECT. RECEIPTS MISSING OR INCOMPLETE.						
	PRINT NAME AND TITLE							MISSING COMMUTING MILES.						
	L				OTHER									

SEH-195 Rev.(04/2014))

INSTRUCTIONS

(SEH - 195)

Complete this form for reimbursement of authorized School District expenses. Send signed and approved original to the Accounts Payable Department, Administration Building, 440 North Broad Street, Suite 324.

Please refer to the Employee Travel and Expense Reimbursement Policy 331 and the Administrative Procedures for the detailed guidelines to the Policy.

See detailed information at https://www.philasd.org/accountspayable

- Section I Complete all items.
- Section II Enter date for all expense items. Identify expense(s) and provide business purpose(s). If Travel: List the "from" and "to" destinations(s) and business purpose(s) for trip(s) and enter the miles driven. Attach map for all miles driven.
- Section III All expense reimbursement requests must be approved by the Principal or Director. Out of town travel reimbursement(s) require(s) the approval of a cabinet level member and, for educational personnel, it must be approved by the Chief of Schools (CSO).
- Section IV If the required information is not completed or receipts are not submitted with the expense reimbursement form, it will be rejected and returned, see section IV for rejected reasons.