THE SCHOOL DISTRICT OF PHILADELPHIA
EMPLOYEE
EXPENSE REIMBURSEMENT

PRINT OR TYPE ALL INFORMATION

MONTH	DAY	YEAR

NAME:

EMPLOYEE ID NUMBER:

SCHOOL/DIVISION:	FUND	AGENCY	ORG.	SUB-ORG.	ACTIVITY	FUNCTION	OBJ.	SUB-OBJ.	JOB/PROJ.	RPT.CAT.

TYPE OF REIMBURSEMENT

TRAVEL ☐   TEACHER ALLOTMENT ☐   MAINTENANCE DIV. ☐

☐ OTHER _____

TOTAL REIMBURSEMENT REQUESTED

$ |___|___|___|___|___|___|___|

DATE	REASON FOR EXPENDITURE (IF TRAVEL: FROM AND TO AND PURPOSE OF TRIP)	AUTO MILES TRAVELLED	OTHER EXPENSES (STAPLE ALL SUPPORTING DOCUMENTS, RECEIPTS, ETC. TO THIS FORM)	AMOUNT
			Ⓐ TOTAL OTHER EXPENSES	
		TOTAL MILES:	Ⓑ X MILEAGE RATE = _____	
			Ⓒ Less ADVANCE ( ) —	
			Ⓓ NET REIMBURSEMENT (A + B - C)	

APPROVALS

EMPLOYEE SIGNATURE	DATE:
AUTHORIZED BY:	DATE:
	DATE:
APPROVAL FOR "OUT OF STATE" TRAVEL:	DATE:
TITLE:	ACCOUNTING:

REJECTION INFORMATION
PLEASE CORRECT ITEM(S) NOTED BELOW AND RESUBMIT TO ACCOUNTS PAYABLE. CALL (215) 400-4530 FOR CLARIFICATION.

EMPLOYEE ID NUMBER MISSING OR INCORRECT. ☐

ABC CODES MISSING OR INCORRECT............ ☐

RECEIPTS MISSING OR INCOMPLETE............ ☐

APPROVALS................................. ☐

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.

Refer to the Employee Expense Reimbursement Policy 311 for detailed information.

Section 1   -   Complete all items.

Section 2   -   Enter date for all expense items.

                          If Teacher Allotment, list items purchased in Section 3.

                          If Travel: List "From" and "To" destinations. If out-of-town trip, state purpose and enter number of miles driven, rounding off to the nearest whole mile (.5 or above, round to next higher whole number). Multiply total number of miles driven by current rate per mile.
Enter dollar amount in "B".

Section 3   -   Identify expenses and amount (other than auto mileage expense). Include meals on approved overtime, educational supplies, convention registration fees, tuition, special banquets, tool charges, taxi, bus and rail fares, lodging, etc. Insert total in "A". Insert amount of travel advance in "C". Compute Grand Total (A + B - C = D) and place in "D" and in "TOTAL REIMBURSEMENT REQUESTED" Block.

Section 4   -   All expense reimbursements must be approved by principal or director. Out of town travel requires approval of cabinet level official.

Section 5   -   If the required information is not completed or receipts are not submitted, this form will not be processed and will be returned.   Reasons for rejection will appear in Section 5.