

TRAVEL

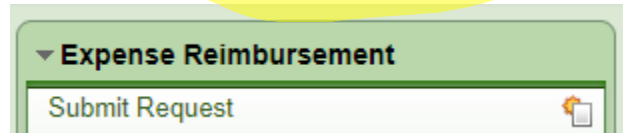
To enter an **Expense Reimbursement** Request, you must go to **Employee Access** in Skyward. This is on the far



right side of the **home screen**.



Select **Expense Reimbursement**, then **Submit Request**



Click

A screenshot of the 'Expense Reimbursement Request Maintenance' form in Google Chrome. The form is titled 'Expense Reimbursement Request Maintenance' and has a green header. It contains several fields for entering request information. The 'Reimbursement For' field is filled with 'IRVIN, MONICA RHEA'. The '* Expenses From' field is filled with '10/13/2017' and the '* To' field is filled with '10/13/2017'. The '* Purpose for Reimbursement' field is empty. The 'Reimbursement payment option' field is filled with 'Reimbursement Payment made via AP ACH'. The 'District Payment Reimbursement information' field contains the text 'All expense reimbursement payments will be made via ACH to your bank account set up with the District.' There are 'Save' and 'Back' buttons on the right side of the form. A note at the bottom states 'Asterisk (*) denotes a required field'.

VERY IMPORTANT—ENTER YOUR CAMPUS NAME OR DEPARTMENT NAME AT THE VERY BEGINNING OF THE DESCRIPTION (i.e. ATHLETICS—LEGACY). Then enter your travel dates and purpose for the reimbursement with the what, where, when, why thought process (i.e. Travel to ____ on October 13, 2017 to attend (name of workshop or meeting) at the Region XI) then click **SAVE**. **In this description is where you will also put any budget restrictions.**

Expense Reimbursement Requisition Maintenance - WF\PU\MR\RE\RQ - 10740 - 05.16.06.00.04 - Google Chrome

https://skywardbis.mansfieldisd.org:444/scripts/wsisa.dll/WService=wsFin/factpedit004.w

Expense Reimbursement Requisition Maintenance

Expense Reimbursement Information

Requisition/PO Number: 0000101785
 Reimbursement For: IRVIN, MONICA RHEA
 Expenses From: 02/26/2017 To: 03/02/2017 5 Days
 Purpose for Reimbursement: Travel expenses while attending TASBO Annual Conference, Houston, TX
 Reimbursement payment option: Reimbursement Payment made via AP ACH
 Total Reimbursement Amount: \$0.00
 Required Pre-verifier: HEATHER ODELL HESS

Buttons: Edit Master, Notes, Attachments, Save ER & Generate Req, Back

Expense Reimbursement Detail Lines

Views: General Filters: *Skyward Default

#	Date	Type	Description/Customer	Quantity	Amount	Total Amount	Tot Req Amt	C
There are no records to display; check your filter settings.								

Buttons: Add, Edit, Delete, Mass Add Detail

You can either add one item at a time by clicking

Add

Or you can do multiple line items by clicking

Mass Add Detail

Expense Reimbursement Request Detail Maintenance - WF\PU\MR\RE\RQ - 10740 - 05.16.06.00.04 - Google Chrome

https://skywardbis.mansfieldisd.org:444/scripts/wsisa.dll/WService=wsFin/factpedit005.w?isPopup=true

Expense Reimbursement Request Detail Maintenance

Expense Reimbursement Information

Expenses From: 02/26/2017 To: 03/02/2017 5 Days
 Total Reimbursement Amount: \$700.00

Add Expense Reimbursement Detail Line

Line Number: 1 Receipt Attached Direct Bill/Do not Reimburse

* Date: 02/26/2017 Sunday

* Reimbursement Type: LODGING LODGING

Category: Lodging

Please enter the number of days you are claiming a lodging expense under quantity and the amount being claimed. The max rate allowed is \$175.00 including local/county tax per night without prior approval. Please indicate what you are attending and where the training is located in the Description.

of Nights: 4
 Amount: \$175.00 (Maximum allowed for this code is \$200.00)
 Total Amount: \$700.00

* Description/Customer: Lodging while attending the TASBO annual conference, Houston, TX 2/26-3/2/2017.

Detail Line Accounts

* Account	Use Account Numbers linked to PO Groups	Amount	Percent	More
199 E 41 6411 00 740 0 99 499 - GENERAL OPERATI/GENERAL ADMINIS/TRAVEL AND SUBS/GEN		700.00	100.00	More
Total:		700.00	100.00	

Asterisk (*) denotes a required field

Buttons: Save, Back

Enter the date of travel/expense. Select the Reimbursement type from the drop down list. You will then enter the quantity of the item, the amount, the description, and the account code to be charged (make sure not to type spaces when adding the account code). You have the ability to spread to multiple account codes that you have access to by clicking on the "more" button and entering the % or dollar amount allocated to that code. You can also click directly on the word account and you can fill in the code. **When entering account code DO NOT use any spaces. NOTE: BE SURE TO READ THE INSTRUCTIONS FOR EACH CATEGORY AS IMPORTANT INFORMATION IS CONTAINED IN THAT INFORMATION BOX BUT YOU WILL HAVE TO SCROLL DOWN TO READ**

Click "Save" when you are complete with this line item. You can continue to add items until you are complete with your expense line items.

Expense Reimbursement Requisition Maintenance - WP\PU\MR\RE\RQ - 10740 - 05.16.06.00.04 - Google Chrome

https://skywardbis.mansfieldisd.org:444/scripts/wsisa.dll/WSservice=wsFin/factpedit004.w

Expense Reimbursement Requisition Maintenance

Expense Reimbursement Information

Requisition/PO Number: 0000101785

Reimbursement For: IRVIN, MONICA RHEA

Expenses From: 02/26/2017 To: 03/02/2017 5 Days

Purpose for Reimbursement: Travel expenses while attending TASBO Annual Conference, Austin, TX

Reimbursement payment option: Reimbursement Payment made via AP ACH

Total Reimbursement Amount: \$1,097.40

Required Pre-verifier: HEATHER ODELL HESS

Buttons: Edit Master, Notes, Attachments, Save ER & Generate Req, Back

Expense Reimbursement Detail Lines

Views: General Filters: *Skyward Default

#	Date	Type	Description/Customer	Quantity	Amount	Total Amount	Tot Req Amt	C
1	02/26/2017	LODGING	Lodging while attending the TASBO annual conference, Austin, TX 2/26-3/2/2017.	4.0000	175.0000	700.00	700.00	L
2	02/27/2017	FULL DAY MEAL AL	Full day meal allowance	1.0000	51.0000	51.00	51.00	M
3	02/28/2017	FULL DAY MEAL AL	Full day meal allowance	1.0000	51.0000	51.00	51.00	M
4	03/01/2017	FULL DAY MEAL AL	Full day meal allowance	1.0000	51.0000	51.00	51.00	M
5	02/26/2017	PARKING	5 days parking	5.0000	10.0000	50.00	50.00	O
6	02/26/2017	MILEAGE REIMBUR	Mileage to Austin	180.0000	0.5400	97.20	97.20	G
7	03/02/2017	MILEAGE REIMBUR	Mileage from Austin to Mansfield	180.0000	0.5400	97.20	97.20	G

Buttons: Add, Edit, Delete, Mass Add Detail

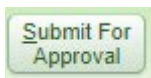
Attachments such as your conference agenda/certificate of attendance/name badge/game bracket and Google maps/MapQuest showing mileage, you will scan and attach as an image or PDF to your request by clicking on the **Attachments** and if you need to enter any special notes, you can enter them by clicking **Notes**.

Notes would include if the room was shared with other employees or if traveling on federal funds, the grant objectives from the DIP/CIP.

If you are entering local mileage, then please make sure to attach the local mileage log excel found under the business services website section 6 travel as well as the Google maps/MapQuest showing mileage.

The following attachments **must be included** with the request or it will be returned (preferably one attachment with everything included):

- 1) Conference flyer/agenda/certificate of attendance/name badge/game bracket, etc. validating your reason to travel and attendance – saved as a pdf.
- 2) Directions from Google maps or MapQuest showing miles being claimed – saved as a pdf.
- 3) Hotel invoice/receipt (required if an overnight stay; GSA published rate for locale if hotel rate > published rate) – this should be done ahead of time on a purchase order to Travel/Hotel
- 4) Parking, Uber, taxi, etc. receipts – saved as a pdf
- 5) Bracket/Schedule for event attended when requesting mileage reimbursement such at football playoff game.



When your entry is complete, you will click

ONCE SUBMITTED WHAT HAPPENS

Once submitted it starts the approval path depending on the account used and your supervisor. If exceeding the GSA rate for lodging, the expense reimbursement will need to be routed to the executive council member by the campus/department principal/administrator. It will also be verified by the business office. Once all approvals are in place, the accounts payable department will receive notification that it is ready to be processed. At that point it will go in the next run they have and the funds will be deposited to your account. You will also receive an email that funds have been deposited to your account.

TO CHECK THE STATUS (why was expense reimbursement denied?)

If a denial email is received, the email will state denied without any explanation. You can return to the submit request screen to view the status of your reimbursement request by highlighting your request and expanding and clicking on the triangle on the far left side. There you can check the approval status to see where it is in the process as well as view denial notes from any of the approvers. You must click edit on the right hand side to edit any line items that need fixed such as if the first day of travel needs to be changed to travel day meal allowance instead of lunch and dinner being claimed. **Once the reason for denial is fixed, you must click**



(even if all that had to be fixed was add attachments).

IF YOU NEED TO EDIT

Expense Reimbursement Information

Reimbursement For: [Redacted]

Expenses From: 02/07/2023 To: 02/11/2023 5 Days

Purpose for Reimbursement: Campus: Brooks Wester Middle School
Department: Orchestra
Travel to San Antonio on February 07, 2023 to attend TMEA Convention.
Return from TMEA convention on 02/11/2023.

Reimbursement payment option: Reimbursement Payment made via AP ACH

Total Reimbursement Amount: \$597.00

Required Pre-verifier: TONI D CHADWICK

[Edit Master](#) [Notes](#) [**Attachments](#)

[Back](#)

Expense Reimbursement Detail Lines

Views: [General](#) Filters: [*Skyward Default](#)

#	Date	Type	Description/Customer	Quantity	Amount	Total Amount	C	R	D
1	02/07/2023	LODGING	TMEA Convention 2023 Address : Henry B. Gonzalez Convention Center 900 E Market St, San Antonio, TX 78205	4.0000	71.0000	284.00	L	Y	
2	02/07/2023	TRAVEL DAY MEAL	Per Diem according to GSA rate Travel Days : 02/07/2023 and 02/11/2023	2.0000	40.5000	81.00	M	Y	
3	02/07/2023	FULL DAY MEAL AL	Full Day Meal Per Diem Rate Days: 02/08/2023, 02/09/2023, 02/10/2023	3.0000	54.0000	162.00	M	Y	
4	02/07/2023	OTHER	TMEA Convention Registration Fee	1.0000	70.0000	70.00	O	Y	

[Add](#) [Edit](#) [Delete](#) [Clone](#) [Mass Add Detail](#)

You are able to edit the master description and each line item as needed. You are also able to add and remove attachments.

-Then resubmit for approval.