### QUICK GUIDE TO GENERAL MILEAGE REIMBURSEMENT

Employees may be reimbursed for using their personal vehicle for travel, either between school buildings when their schedule requires them to be at more than one building during a day, or when they travel to a meeting or training opportunity either in or out of Cambridge.

If an employee is driving as part of their participation in a professional development program or conference, procedures for Travel expense reimbursement should be followed. Please see the "Professional Travel Overview" section of this guide for more information.

#### How to submit a General Mileage Reimbursement

- 1. Complete a *Standard Requisition* form to identify the funds that will be used to reimburse the cost of travel. This requisition must be signed by the budget administrator. If you travel frequently, we recommend submitting a requisition to cover the year.
- 2. Complete a *Mileage Reimbursement Log*, available on the CPS website. This form must be signed by your direct supervisor.
  - Use the *District-wide Mileage Chart*, available on the CPS website and in the appendix below, when calculating mileage entries from school to school within the district
  - For locations that are not included in the *District-Wide Mileage Chart*, travel is calculated from the employee's beginning location to the destination and back using an online mapping tool such as MapQuest or Google Maps. Please include a printout of your route with your reimbursement paperwork, showing both the total mileage and map. Please use the exact mileage shown, and do not round up or down.
- 3. Your *Standard Requisition, Mileage Reimbursement Log, map printout* and any additional documentation must be submitted to the Purchasing Department to process the reimbursement.

#### **Teachers/Staff Who Travel between CPS School Buildings**

For teachers or other staff whose position requires regular travel between schools, Budget Administrators should complete the following steps:

- Submit a *Standard Requisition* at the start of the fiscal year for the expected <u>annual</u> expense for that teacher.
- Once per month, the teacher/staff member will submit a *Mileage Reimbursement Log* form to their administrator for approval, who then sends it to the Accounts Payable Dept. for processing.

#### **Guidelines for Employee Mileage Reimbursement Requests**

Please follow these additional guidelines to ensure that the school department is in compliance with IRS regulations.

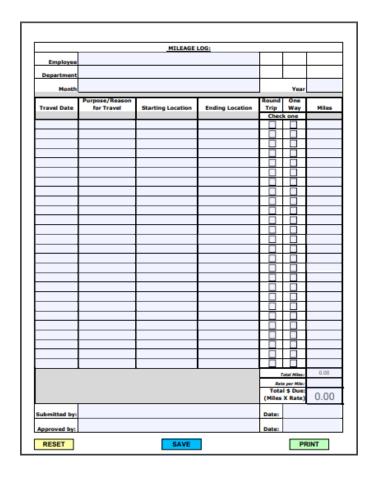
- Your *Mileage Reimbursement Log* must include your destination and purpose for travel.
- Mileage is reimbursed at a fixed rate per mile. Please enter the applicable rate on your *Mileage Reimbursement Log.* As of FY20, mileage is reimbursed at the following rates:
  - o For members of the CTA bargaining unit, the reimbursement rate is \$0.40 per mile.
  - o Mileage reimbursement for all non-union personnel will be at the per mile rate approved by the City of Cambridge. The current rate is \$0.565. This rate is based on the rate of the U.S. Government Services Agency (GSA) and updated periodically.
- Requests for reimbursement must be submitted within 30 days. For example, mileage requests for the month of September need to be submitted no later than November 1st

#### Where can I find the *District-Wide Mileage Chart*?

The chart can be found on the CPS Website and the current chart is included as an appendix at the end of this document.

#### What do the Mileage Reimbursement Log look like?

The *Mileage Reimbursement Log*, shown below, is available on the CPS website.



## APPENDIX: DISTRICT WIDE MILEAGE CHART

#### DISTRICT WIDE MILEAGE CHART

School	ADMINISTRATION (135 Berkshire)	AMIGOS (15 Upton)	BALDWIN (28 Sacramento)	CAMBRIDGEPORT (79 Elm)	CRLS (459 Broadway)	FLETCHER-MAYNARD (225 Windsor)	GRAHAM & PARKS (44 Linnaean)	HAGGERTY (110 Cushing)	HSEP (359 Broadway)	KENN-LONG (158 Spring)	KING, PUTNAM AVE UPPER 100 & 102 PUTNAM AVE	KING OPEN, CSUS (840 & 850 Camb St)	MAYNARD ECOLOGY CENTER (650 Concord)	MORSE (40 Granite)	PEABOBY, RINDGE AVE UPPER (70 Rindge)	TOBIN, MONTESSORI, VASSAL LANE UPPER (197 Vassal)
ADMINISTRATION (135 Berkshire)		1.3	1.9	0.7	1.2	0.6	2.3	3.7	0.9	0.4	2.1		3.4	2.3	2.5	3.2
AMIGOS (15 Upton)	1.3		1.8	1.1	1.2	1.0	2.1	3.1	0.8	1.8	0.9	1.3	3.7	0.5	3.0	3.2
BALDWIN (28 Sacramento)	1.9	1.8		2.0	1.0	2.0	1.0	3.0	1.5	2.3	1.7	1.9	2.3	2.7	1.5	1.8
CAMBRIDGEPORT (79 Elm)	0.7	1.1	2.0		1.0	0.3	2.1	3.7	0.7	1.0	1.6	0.7	3.3	2.0	2.8	2.7
CRLS (459 Broadway)	1.2	1.2	1.0	1.0		1.0	1.2	2.6	0.4	1.7	0.7	1.2	2.3	1.7	1.9	1.8
FLETCHER-MAYNARD (225 Windsor)	0.6	1.0	2.0	0.3	1.0		2.3	3.7	0.6	0.9	1.5	0.6	3.4	1.5	2.6	3.0
GRAHAM & PARKS (44 Linnaean)	2.3	2.1	1.0	2.1	1.2	2.3		2.0	1.8	2.7	2.0	2.3	1.6	2.6	1.1	1.1
HAGGERTY (110 Cushing)	3.7	3.1	3.0	3.7	2.6	3.7	2.0		3.1	4.2	3.0	3.7	1.6	3.2	2.7	1.4
HSEP (359 Broadway)	0.9	0.8	1.5	0.7	0.4	0.6	1.8	3.1		1.3	0.8	0.9	2.8	1.4	2.4	2.6
KENN-LONG (158 Spring)	0.4	1.8	2.3	1.0	1.7	0.9	2.7	4.2	1.3		2.3	0.4	3.8	3.0	2.9	3.8
KING, PUTNAM AVE UPPER 100 & 102 PUTNAM AVE	2.1	0.9	1.7	1.6	0.7	1.5	2.0	3.0	0.8	2.3		2.0	3.1	1.2	2.6	2.9
KING OPEN, CSUS (840 & 850 Camb St)		1.3	1.9	0.7	1.2	0.6	2.3	3.7	0.9	0.4	2.0		3.4	2.3	2.5	3.2
MAYNARD ECOLOGY CTR (650 Concord)	3.4	3.7	2.3	3.3	2.3	3.4	1.6	1.6	2.8	3.8	3.1	3.4		3.8	3.4	0.7
MORSE (40 Granite)	2.3	0.5	2.7	2.0	1.7	1.5	2.6	3.2	1.4	3.0	1.2	2.3	3.8		3.3	3.3
PEABOBY, RINDGE AVE UPPER (70 Rindge)	2.5	3.0	1.5	2.8	1.9	2.6	1.1	2.7	2.4	2.9	2.6	2.5	3.4	3.3		1.9
TOBIN, MONTESSORI, VASSAL LANE UPPER (197 Vassal)	3.2	3.2	1.8	2.7	1.8	3.0	1.1	1.4	2.6	3.8	2.9	3.2	0.7	3.3	1.9	

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# APPENDIX: REIMBURSEMENT REQUEST FORM

	CAMBRIDGE PUBLIC SCHOOLS REIMBURSEMENT REQUEST FORM							
(Submit	to the Purchasing/Accounts Payable Department)							
instructional materials reimbursements receipts, taped to an 8.5x11 sheet of p	ursement for general out-of-pocket expenses (note that travel, tuitio require different forms available on the Financial Forms webpage). Please aper, to document all expenses. All information requested must be pro- orm with all required signatures to the Purchasing Department at 159 Thor	attach original vided to ensure						
Name:	Last 4 Digits of Social Security # (Required):							
Street / Apt:								
City:	State: Zip Code:							
Purchase Order Number*:	*If you do not already have a Purchase Order, attach a Requisition.							
Date of Invoice/Receipt	Description of Expense	Amount						
	Total							
Submitted By: Signature	Phone/Ext. Date	Print Form						
	Ext. Date	Save Form						
Approved By: Administrator Signature								