

Appendix E
Monthly Travel Report

Directions for the completion of monthly travel report for reimbursement

This document includes the mileage travel chart and the monthly travel report form that you will use to document your mileage for reimbursement. Listed are guidelines to use as you complete your mileage report:

1. Please complete this form electronically instead of hand-written.
2. Complete ALL of the information at the top of the form (type in the gray shaded boxes).
 1. Once you've typed in the cell and hit Enter or tabbed out, the gray shading will disappear.
 2. For the "Reimbursement Month" and "Homebase" fields, select a value from the drop-down menu.
3. Complete as many lines of the Travel Log as necessary.
 1. For each line, input information into the Date, From, To, Purpose, and Miles fields. The Rate and Reimbursement fields will be automatically calculated.
 2. If you get a "Update Form" error in the Reimbursement field, the spreadsheet cannot find a mileage rate for the date that you input in that line. Please download the most current version of the form.
 3. The Reimbursement Total is rounded after each line of the Travel Log has been summed.
 4. Only record the miles that you actually travel between buildings, not round trip.
 5. Use the mileage chart tab on the document to figure your mileage.
 6. Staff members will be compensated for miles actually traveled between district buildings.
4. Complete the Account Distribution table.
 1. The total on the Account Distribution must equal the total on the Travel Log.
 2. Call the Business Office (Accounts Payable) if you need an account number that's not listed.
5. Submit the completed form to Accounts Payable for processing.
 1. The building administrator must sign the completed form.
 2. The form must be printed on pink paper before submitted to Unit Office.
 3. Complete full month (no partial month payments).
 4. Approved travel sheets (sheets with admin signature) are processed the first week of each month.

You can download a current version of this form by going to www.unit5.org and navigating to Staff > Staff - Resources > Mileage Reimbursement.

The district and the association collaborated in the development of the travel document. We recognize there may be some discrepancies within the data on the chart. If you find the chart does not accurately reflect the distance or time you travel, please notify Curt Richardson.

**MCLEAN COUNTY UNIT DISTRICT NO. 5
MONTHLY TRAVEL REPORT
For Mileage Reimbursement**

PLEASE TYPE IN THE GRAY BOXES. THEY WILL TURN WHITE ONCE THEY HAVE BEEN FILLED IN.

EMPLOYEE NAME	REIMBURSEMENT MONTH	HOMEBASE		
HOME ADDRESS	CITY	STATE	ZIP CODE	LAST 4 OF SSN

PLEASE PRINT THIS FORM ON PINK PAPER

ACCOUNT DISTRIBUTION

Account Description	Account Number	Dollar Amt
Technology Administrator	10E000 2661 3320 00 000000	
Technology Personnel	10E000 2664 3320 00 000000	
Social Workers	10E000 2110 3320 00 000000	
Psychologists	10E000 2140 3320 00 000000	
Superintendents Office	10E000 2321 3320 00 000000	
Curriculum Instruction Personnel	10E000 2211 3320 00 000000	
Principal/Assoc. Principal/Admin	10E000 2410 3320 00 000000	
Principal's Admin Assts	10E000 2410 3320 00 000000	
Human Resources	10E000 2641 3320 00 000000	
Business Director	10E000 2510 3320 00 000000	
Elementary Teachers/Teacher Asst/Med Nurses	10E100 1110 3320 00 000000	
CJHS Teachers/Teacher Assistants	10E202 1120 3320 00 000000	
EJHS Teachers/Teacher Assistants	10E201 1120 3320 00 000000	
KJHS Teachers/Teacher Assistants	10E204 1120 3320 00 000000	
PJHS Teachers/Teacher Assistants	10E203 1120 3320 00 000000	
NCHS Teachers/Teacher Assistants	10E301 1130 3320 00 000000	
NCWHS Teachers/Teacher Assistants	10E302 1130 3320 00 000000	
Special Education	10E000 1220 3320 00 000000	
School Nurses	10E000 2134 3320 00 000000	
Custodians	20E000 2542 3320 00 000000	
Food Service Administrators	10E000 2561 3320 00 000000	
Food Service Employees	10E000 2562 3320 00 000000	
Transportation Admin	40E000 2551 3320 00 000000	
Special Ed. Purposes	40E000 2552 3310 00 000000	
Other (Call Business Office for Acct Number)		
Total		\$ -

EMPLOYEE SIGNATURE

DATE

PRINCIPAL/SUPERVISOR SIGNATURE

DATE

Travel Time Chart

BUILDING	ADMIN	NCHS	NCWHS	CJHS	EVANS	KJHS	PHS	BENJAMIN	BRIGHAM	CARLOCK	CEDAR RIDGE	FAIRVIEW	FIELD	FOX CREEK	GLENN	GROVE	HOOSE	HUDSON	NORTHPOINT	OAKDALE	PAKSID ELEM	PEPPER RIDGE	PRAIRIELAND	SUGAR CREEK	TOWANDA	EERC	WAREHOUSE/TRANS
ADMIN	21	8	11	20	9	6	24	17	17	15	12	13	14	18	11	20	12	20	17	8	16	15	15	16	17	15	
NCHS	19	15	20	16	19	21	13	12	20	19	16	20	21	18	21	18	17	22	10	23	19	19	23	20	21	23	20
NCWHS	8	11	20	16	10	7	26	20	16	23	21	21	22	17	27	24	23	27	11	20	24	24	27	28	30	32	30
CJHS	15	20	18	12	9	11	21	12	13	17	19	19	20	18	27	24	23	27	10	23	26	26	29	31	33	35	33
EVANS	8	16	22	18	19	21	13	12	20	19	16	20	21	18	27	24	23	27	10	23	26	26	29	31	33	35	33
KJHS	9	16	10	9	19	21	13	12	20	19	16	20	21	18	27	24	23	27	10	23	26	26	29	31	33	35	33
PJHS	6	19	7	11	21	9	23	18	15	22	19	20	21	18	27	24	23	27	10	23	26	26	29	31	33	35	33
BENJAMIN	24	16	26	21	13	20	23	15	8	23	15	13	14	19	26	23	22	27	11	24	27	27	30	32	34	36	34
BRIGHAM	17	23	20	21	12	10	18	15	8	19	13	13	14	19	26	23	22	27	11	24	27	27	30	32	34	36	34
CARLOCK	17	22	16	22	27	20	17	29	22	27	23	23	24	27	34	31	30	35	12	25	28	28	31	33	35	37	35
CEDAR RIDGE	15	23	21	19	11	16	19	15	8	23	15	13	14	19	26	23	22	27	11	24	27	27	30	32	34	36	34
FAIRVIEW	12	15	10	11	21	9	11	13	19	19	16	20	21	18	27	24	23	27	10	23	26	26	29	31	33	35	33
FIELD	13	14	12	8	19	11	12	20	19	23	19	20	21	18	27	24	23	27	10	23	26	26	29	31	33	35	33
FOX CREEK	18	27	22	23	19	21	21	20	15	27	16	16	17	21	28	25	24	29	12	25	28	28	31	33	35	37	35
GLENN	11	17	13	9	17	8	12	19	16	25	15	13	10	21	28	25	24	29	12	25	28	28	31	33	35	37	35
GROVE	20	7	19	14	20	18	18	14	22	23	21	16	13	27	34	31	30	35	12	25	28	28	31	33	35	37	35
HOOSE	12	14	14	8	17	9	13	17	18	24	18	12	9	23	30	27	26	31	13	26	29	29	32	34	36	38	36
HUDSON	20	17	17	19	26	18	18	27	27	34	27	15	17	26	33	30	29	34	13	26	29	29	32	34	36	38	36
NORTHPOINT	17	17	17	11	17	15	16	13	19	23	22	15	13	24	31	28	27	32	14	27	30	30	33	35	37	39	37
OAKDALE	8	10	10	10	19	6	8	21	17	26	16	10	10	21	28	25	24	29	14	27	30	30	33	35	37	39	37
PARKSIDE ELEM	7	8	8	12	20	10	6	24	19	16	17	12	12	19	26	23	22	27	16	29	32	32	35	37	39	41	39
PEPPER RIDGE	16	19	19	20	14	16	17	16	12	23	12	20	20	11	17	22	19	22	17	30	33	33	36	38	40	42	40
PRAIRIELAND	15	13	13	12	20	14	14	19	24	21	23	11	11	26	33	30	29	34	14	27	30	30	33	35	37	39	37
SUGAR CREEK	14	17	15	8	17	12	14	17	20	22	20	11	10	24	31	28	27	32	14	27	30	30	33	35	37	39	37
TOWANDA	21	11	17	18	21	19	19	16	26	24	25	16	17	27	34	31	30	35	14	27	30	30	33	35	37	39	37
EERC	14	11	11	13	24	12	13	24	22	19	22	9	12	27	34	31	30	35	14	27	30	30	33	35	37	39	37
WAREHOUSE/TRANS	15	12	12	14	25	14	14	24	23	20	23	9	14	29	36	33	32	37	14	27	30	30	33	35	37	39	37