

DECA's TRAVEL REIMBURSEMENT

All financial policies governing DECA actions are based on those established by the Board of Directors of DECA Inc. The Board believes that all persons conducting business should be eligible to receive reimbursement of expenses incurred whenever necessary. In many instances, however, representatives are able to conduct DECA business from state funds or from organizational funds, thus making a considerable savings to DECA. Our National Advisory Board representatives, for example, have always insisted on handling their own expenses at no cost to DECA. Where reimbursement is necessary, DECA provides:

1. Necessary Cost of Transportation:

Airfare: Reimbursement will be based on lowest available airfare (with a reasonable schedule) 21 days prior to departure. **A receipt is required.**

Private Vehicle: Reimbursement will be based on 48.5 cents per mile round trip, or the cost of airfare, whichever is less.

Public Transportation: Reimbursement will be based on lowest available fare or the cost of airfare, whichever is less. **A receipt is required.**
(train, bus, etc.)

2. Necessary Cost of Lodging:

Reimbursement will be based on single accommodations—no incidental charges will be included in lodging costs. **A receipt is required.**

3. Necessary Cost of Taxi/Ground Transportation:

Reimbursement will be based on the lowest available ground transportation cost from airport to meeting site and return. **A receipt is required.**

4. Necessary Cost of Meals:

Reimbursement will be based on a meal per diem of:

| | |
|-----------|---------|
| Breakfast | \$10.00 |
| Lunch | \$12.00 |
| Dinner | \$18.00 |

Meal per diem includes gratuities and are claimed only while on official DECA business. **No receipt required.**

Actual cost (excluding alcohol) may be claimed when dining as a group. In such cases, staff members may be authorized by the executive director to pay the entire bill—a list of participants must be included. **A receipt is required.**

5. Miscellaneous/Incidental Costs:

Reimbursement of \$10.00 per diem can be claimed to cover the following expenses:

1. local telephone calls
2. personal baggage
3. personal calls
4. incidental cab fare

No receipt required.

6. Actual Expenses:

Reimbursement for actual expenses (receipt required) may be claimed for the following expenses:

1. parking
2. taxi to/from business appointments
3. portage of conference supplies
4. rental car
5. business telephone calls

This policy is used as a guide in claiming travel reimbursement expenses by the Board of Directors, by National student Officers, by committee or task force representatives, and for any other persons conducting DECA Inc. business. Any questions regarding this policy can be directed to the DECA staff.

DECA
1908 Association Drive
Reston, VA 20191
Travel Expense Voucher

Payable To:

Name _____

Date _____

Address _____

Purpose of Claim _____

List all charges made by you against DECA relating to this claim. Include date and type of charge:

| Transportation | | | | | | Meals | | | | TOTALS |
|---------------------------|------|----|--------------------------|------|---------|-----------------|--------------|-----------------|--------------------|--------|
| Date | From | To | Plane, Auto, Train, etc. | Taxi | Lodging | \$10.00 Morning | \$12.00 Noon | \$18.00 Evening | \$10.00 Tips/Misc. | |
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| | | | | | | | | | | |
| TOTALS (this page) | | | | | | | | | | |

Special Instructions _____

| | |
|--|--|
| Actual Expenses Claimed (total from the back) | |
| TOTAL EXPENSES CLAIMED | |

Less: Advance \$ _____

AMOUNT DUE: \$ _____

| Accounts Charged | | Accounts Charged | |
|------------------|---------|------------------|---------|
| Amounts | Acct. # | Amounts | Acct. # |
| \$ _____ | _____ | \$ _____ | _____ |
| \$ _____ | _____ | \$ _____ | _____ |
| \$ _____ | _____ | \$ _____ | _____ |
| \$ _____ | _____ | \$ _____ | _____ |

All miscellaneous or unusual expenses must be itemized. Use reverse side of this form, if necessary.

I hereby certify that all items of expense claimed above were incurred in the discharge of official DECA business and are proper charges against DECA. Receipts for hotel bills, transportation and other actual expenses claimed are attached.

Person making claim: _____ Total amount to be reimbursed directly to you: \$ _____

Payment approved by: _____ Date: _____

Executive Director's Signature: _____

