Student Support Services
Mileage Reimbursement
Procedure (SSS-P017)

1.0 SCOPE:

1.1 This procedure describes the process in which Student Support Services handles Student Support Services mileage reimbursement at the Washoe County School District.

2.0 RESPONSIBILITY:

2.1 Chief Student Support Services Officer

3.0 APPROVAL AUTHORITY:

3.1 Special Education Administrator

(Approval signature on file)

_____ _____

Signature   Date

4.0 DEFINITIONS:

4.1 PST – Program Services Technician

4.2 SEAA – Special Education Area Administrator

5.0 PROCEDURE:

5.1 The PST receives the completed Mileage Reimbursement Form A/P-F003 by the 10th of the month for the previous month's mileage accrued on an employee's personal vehicle.

    5.1.1 If the form is not completed properly, the PST returns the form to the originator.

5.2 The PST totals up the miles and multiplies by the rate for mileage for the fiscal year and enters the total in the Reimbursement Amount Field.

5.3 The PST codes the funding number on the form and obtains Chief Student Support Services Officer's signature or if not available the Sr. Director's signature.

5.4 Two copies are made of the forms.

5.5 The Original is forwarded to the business office by the 10th of the month.

5.6 The PST logs the data into the mileage database.

5.7 One copy of the form is filed alphabetically by employee's name by month in the mileage filing cabinet.

5.8 One copy of the form is placed in a folder, and forms are sorted at the end of the month, and given to the SEAA that is responsible for the particular special education program.

5.9 The mileage checks are mailed to the employee's home address by the Business Department.

6.0 ASSOCIATED DOCUMENTS:

6.1 A/P-F003 Mileage Reimbursement Form

7.0 RECORD RETENTION TABLE:

Identification	Storage	Retention	Disposition	Protection
Mileage Reimbursement Form	PST Office Files	1 year	Discard as desired	Locked Office

8.0 REVISION HISTORY:

Date:	Rev.	Description of Revision:
2/2/06	A	Initial Release
1/22/09	B	1.0 deleted "Special Education" and added "Student Support Services" 2.0 Deleted Special Education and Related Services and replaced with Student Support 3.0 Deleted Coordinator and replaced with Sr. Director Student Support Services 5.1 Added AP-F003 after Form 5.2 Deleted statement and replaced with new information 5.3 Deleted statement and replaced with new information 5.9 and 5.10 Deleted statement and replaced with new information.
02/08/10	C	1.1 deleted "the" before "Student" and "Department" after "Services"; 2.1 replaced "Assistant Superintendent" with "Chief" and added "Officer" after "Services"; 3.1 replaced "Sr. Director Student Support Services" with "Special Education Administrator"; 5.3 replaced "Assistant Superintendent's" with "Chief Student Support Services Officer's", added "if not available" after "or" and replaced "if Assistant Superintendent is not available" with "signature".

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