

# **Project Information**

National Charter School Resource Center
FED-029 OY4
Task 20
Project Directors' Convening – CE Grantees
Monday, January 23 (FY22 Grantees for Orientation) and Tuesday, January 24-
Wednesday, January 25 (For All Grantees)
contact-us@charterschoolcenter.org

# **Requestor's Contact Information**

First Name	Last Name		
Email Address			
Mailing Street	Address		
Address	Line 2		
City	State	Zip Code	
Telephone	Alternate		
Telephone Number	Telephone #		

Are you requesting Meals and Incidentals Expense Reimbursement YES  $\square$ NO  $\square$ 

# Meals and Incidentals Expense (M&IE) Summary

M&IE for the FIRST and LAST day of travel is calculated at 75% of federal GSA per diem rate. Reimbursement for M&IE will be provided at the applicable federal GSA per diem rate. Receipts are not required for M&IE. The M&IE for Arlington, Virginia is \$79. Breakfast is calculated at \$18, lunch at \$20, dinner at \$36, and incidentals at \$5. The first and last day of travel are calculated at \$59.25.

Departure Date/First Travel Day	Destination	Per Diem/ Travel Day
Full Day 1	Destination	Per Diem
Full Day 2	Destination	Per Diem
Full Day 3	Destination	Per Diem
Return Date/ Last Travel Day	Destination	Per Diem/ Travel Day
Total Reimbursement		

Are you request	ing mileage reimburser	ment? YES		NO			
Mileage Su	ımmary						
Mileage is calcu	lated as follows; GSA	mileage rates are e	ffective as	s of Jul	y 1, 2022.		
Starting Mileage	e – Ending Mileage = T	Cotal Miles X \$.625	Fer Mile	= Tota	al Mileage	Reimbursement	
the form of a ma	ap. You may use a platt	_	le Maps o	_		point of origin and your destin	ation in
Starting Mileage	Ending Mileage	,	Total Miles			Total Mileage Reimbursement	
Do you have oth	ner expenses you'd like	to submit for Rein	nburseme	nt?	YES [	□ NO □	
Itemized E	Expense Summa	ary					
Itemize each rei	mbursement expense (6	e.g., hotel, rental ca	ır, airport	parking	g fees, airp	port shuttles, taxis, etc.) below.	
	required for ALL sul n must be provided in	-	• •			d with a receipt will be rejected	l. A
Tips and gratuit	ies are not reimbursable	e. The federal MI&	E per die	m rate	includes g	ratuity.	
nights occupied four nights hote	under "Quantity" (Exall for FY22 grantees and cable taxes. If you choose	mple: Room Cost - l up to three nights	+ Room T hotel for	ax = R	oom Total er grantees	nized Cost" and the total number d). NCSRC will reimburse for use at the government per diem rands by the reimbursed up to the	ıp to
Expense Description 1		Date of Expense					
Expense Type [Required]							
Quantity		Cost / Unit Price				Itemized Cost 1	
Expense Description 2		Date of Expense					
Expense Type [Required]							

Expense Description 3	Date of Expense	Itemized Cost 2	
Expense Type [Required]			
Quantity	Cost / Unit Price	Itemized Cost 3	
Expense Description 4	Date of Expense		
Expense Type [Required]			
Quantity	Cost / Unit Price	Itemized Cost 4	
Expense Description 5	Date of Expense		
Expense Type [Required]			
Quantity	Cost / Unit Price	Itemized Cost 5	
Expense Description 6	Date of Expense		
Expense Type [Required]			
Quantity	Cost / Unit Price	Itemized Cost 6	
Expense Description 7	Date of Expense		
Expense Type [Required]			
Quantity	Cost / Unit Price	Itemized Cost 8	
Expense Description 8	Date of Expense		
Expense Type [Required]			
Quantity	Cost / Unit Price	Itemized Cost 7	

# **Calculate Your Total Reimbursement Request**

Total Reimbursable M&IE:		+	Total Rein Mileage:	nbursable	+	To	otal Itemized Costs:
= Total Reimb	ursable	Costs:					
Additional Not	tes/Com	ments:					
Receipts should be or required, will be rejected be provided in order us@charterschoolcer  I hereby acknowledge and all required document of the management of the experience	cted, and refor the expeter.org  e that by permentation  Group (MS)	no follow upense to be browiding noise attached (GG) and un	up will be made for e considered. Please my signature below d. I also certify that aderstand that not ac	further clarific submit this for a submit this for I am certifying I have read a	cation. To prevent form and applicability of that the information and understand the	nt this, a cle ole receipts ation I have e travel pol	ear justification must to contact- e provided is correct icies set forth by
Print Full Name  *Digital signatures are accepted.			Signature			]	Date
For MSG Internal			f	Date Revie	nwad/		
Processed By				Processed	eweu/		
Approved By				Date Appr	oved		
Date Submitted to Accounting							
For MSG Internal	Use: Ac	counting	Dept.				
Check #			Date of check:		Amoun Check:	t of	

## **Additional Information**

Manhattan Strategy Group (MSG) has been contracted by the U.S. Department of Education's Charter School Programs (CSP) to provide travel logistics support to CSP grantees. Outlined below are the travel policy guidelines and procedures in support of the contract. Any questions regarding travel support should be directed to <a href="mailto:contract-us@charterschoolcenter.org">contact-us@charterschoolcenter.org</a>.

### TRAVEL COORDINATION

Meeting participants and speakers are expected to book their own travel unless otherwise instructed. MSG will reimburse up to one representative from each CE grantee. All other participants must pay for their own travel.

#### TRAVEL EXPENSE REIMBURSEMENT

#### GENERAL INFORMATION

- 1. Request for reimbursement must be received within 5-10 business days after travel has been completed.
- 2. Requests for expense reimbursement will be completed and submitted via email.
- 3. Email all reimbursements to contact-us@charterschoolcenter.org.

☐ Charges incurred because of indirect travel for personal reasons;

- 4. A receipt must be submitted for every expense claimed with the exception of M&IE. Receipts must be laid out in the order they are listed.
- 5. Any expense not submitted without a receipt will be rejected, and no follow up will be made. To prevent this, a clear justification must be provided in order for the expense to be considered.
- 6. Reimbursement payment will be processed and mailed within 30 days of the date an approved reimbursement request is submitted to MSG.

#### EXPENSES APPROVED FOR REIMBURSEMENT

☐ Meals & Incidental Expenses (M&IE)
☐ Taxi/Shuttle (Travel to and from the airport/bus terminal/train station)
☐ Airport Parking
☐ Mileage (Travel to and from the airport/bus terminal/train station)
☐ Baggage Fees (1 Checked Bag / Round Trip)
☐ Airfare/Train Reservations*
☐ Lodging/Hotel at the Federal Per Diem Rate
☐ Rental Car (Must receive prior approval to submit for reimbursement)
□ Other:
*Airfare should be booked at a rate of no more than \$650 per round trip. Only basic or economy class may be reimbursed. Travelers should make their best effort to secure the most affordable flight options. If a flight is going to be more than \$650, the traveler must receive written approval prior to booking.
EXAMPLES OF NON-REIMBURSABLE EXPENSES
☐ Alcoholic beverages, entertainment;
☐ Rental car GPS navigation system;
☐ Laundry, dry cleaning and pressing (per diem reimbursement);
☐ Travel insurance;
☐ Parking fines;

Gratuities and tips paid to porters, waiters, bellboys, and hotel maids inside the lodging facility (per diem
reimbursement);
Nonproductive time related to official travel to and from one's temporary duty Station; and
Any charges, fees, or other associated costs related to the making of reservations or other accommodations for
travel.