



EXPENSE REPORT INSTRUCTIONS

All expense reports must be submitted within 30 days of business travel.

Reminder: State employees and board members may have limits within your jurisdiction. FSMTB recommends reviewing applicable laws and regulations to ensure compliance.

1. **Name/Address:** Complete the name and address sections. Include your social security number the first time you submit a reimbursement request.
2. **Purpose of Travel:** To correctly assign expenses, indicate the nature of your business travel.
3. **Trip From/To:** Indicate departure and arrival destinations.
4. **Dates:** Note the dates (month/day) of your travel.
5. **Out of Pocket Expenses:** Record expenses that were paid using your personal funds for which you request reimbursement. You must include original receipts.

Personal Auto: Enter the number of miles driven daily in your personal vehicle; multiply the total miles by the cents per mile as set by the IRS to calculate the amount for reimbursement (IRS 2024 guidelines are 67 cents per mile). *Include supporting documentation indicating the distance driven (e.g. Mapquest or Google Maps).*

Airfare/Rail, Car Rental, Taxi/Shuttle: Include original receipts. Airfare reimbursement requests must be accompanied by the original passenger receipt. Travel is limited to economy/coach class and one checked bag.

Lodging, Meals: Include original receipts for hotel and meal expenses. Note on receipts the names/titles of guests, and the business nature of your expense. Meals provided by FSMTB may not be claimed on expense report. Service gratuity for meals should not exceed 20% of the total charge for the meal.

Tips: Tips and other gratuities are permitted for services such as housekeeping and bell service. A maximum of \$5 per day can be claimed for such tips.

Other: Use this section to record expenses that do not fit into the above categories. You must include original receipts for all charges.

6. **Explanations:** Use this section for any comments or explanations required to clarify your reimbursement request.
7. **Total Expenses:** Provide the grand total of all expenses from all sections.
8. **Signature, Date:** You must sign and date your reimbursement request.
9. **Submit to:** FSMTB, 7300 College Boulevard, Suite 650, Overland Park, KS 66210