



CONSULTANT HONORARIUM/TRAVEL CLAIM FORM
Sioux Falls School District 49-5

FOR SCHOOL DISTRICT USE ONLY

P.O. # _____

1. Name of Claimant: _____
2. Address of Claimant _____
Street, City, State and Zip Code
3. Description of Services Performed: _____

4. Dates of Service: _____ through _____
5. Time of departure: Hour: _____ : _____ M Date: _____ / _____ / _____
6. Time of return: Hour: _____ : _____ M Date: _____ / _____ / _____
- 7a. Expenses not to exceed per diem rates - SEE INSTRUCTIONS:

Date	Breakfast	Lunch	Dinner	*Room	*Honor. Fee	*Tele- phone	*Taxi & Bus	Daily Totals
Totals								

- 7b. *Plane Fare Transportation (Attach Receipt)
- 7c. Private Car Transportation (_____ Miles X 37¢)
- 7d. * Other Authorized Expenses (Receipts Required)
8. Total Amount of actual expenses (line 7a + 7b + 7c + 7d)

TO BE SIGNED BY CLAIMANT:

I declare and affirm under penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief, is in all things true and correct.

Signature of Claimant

Date: _____

Social Security Number _____ - _____ - _____

*Receipts Required

INSTRUCTIONS TO CONSULTANT FOR PAYMENT Finance Office HONORARIUM AND/OR
REIMBURSEMENT OF TRAVEL EXPENSES

1. The agreed to honorarium amount should be entered on your claim form in the designated column, "Honorarium Fee.
2. When you submit your claim for payment, you will need to attached receipts for the following types of expenditures:
 - a. Passenger copy of airline, bus, or train ticket, including tax.
 - b. Hotel or motel bill
 - c. Taxi and/or airport transportation
 - d. Motel/Hotel or airport parking

Per Diem Rates for Meals shall be, as follows:

Breakfast -- \$5.00	Lunch -- \$9.00	Dinner -- \$12.00
	When Leaving Before	When Returning After
Breakfast \$8.00	5:30 a.m.	7:59 a.m.
Lunch \$11.00	11:31 a.m.	12:59 p.m.
Dinner \$17.00	5:31 p.m.	7:59 p.m.

3. If you use a private car, there is either an allowance of \$0.37 per mile, or an allowance equal to air coach fare, whichever is less. The mileage rate shall be deemed to cover all expenses incidental to the operation of an automobile.
4. South Dakota law requires all bills to be approved for payment by the School Board. The School Board meets the second and fourth Monday of each month. Claims should be submitted after performing the services and prior to a School Board meeting in order to be paid.
5. Please return the signed and completed claim form to Sioux Falls School District, Accounts Payable, 201 East 38th Street, Sioux Falls, SD 57105-5898.