

## Basic Instructions to complete and sign fillable PDF forms

(For detailed instructions with screen shots, please see the link on the Business Services Resources website)

- Download the form to your computer
- Open the form in Adobe – make sure that it does not open in a web browser such as Edge or Google
  - If your form opens in the web browser do not begin to fill in the form. Close the web browser and go to your downloads folder to find the document.
  - Right click on the document and choose Open With, then open with Adobe Reader DC or Adobe Acrobat
  - If you do not have those choices, go to the Software Center on your computer and download Adobe Reader DC. *For assistance, please talk to IT. They should be able to help you download and set it as your default for pdf files.*
- Once it is opened in Adobe you should be able to fill in the information and digitally sign.
- To sign click in the signature box and follow the prompts for your digital signature.
  - If you have not set up a Windows Digital Signature, please do so at this time.
  - Make sure that you choose a Windows Digital ID, the other one will require a password and the Windows ID is available across all platforms.
- Before your signature is visible Adobe will ask you to save the form. Please save it with your initials so that you know it is the signed version.
- Once you have signed it you can email it to the next person who needs to sign it. If you are not sure who that is, send it to the Administrative Assistant in your Department.
  - For the digital signatures to work we need you to email the forms.
  - Please do not print and scan or hand carry them to the next person.

Please do not hesitate to reach out to me if you have any issues.

Thank you for your patience as we continue to work through this new way of doing things.

Sincerely,

*Gayle Jones*

Business Services

Data & Reporting Specialist

865-425-9046

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Make sure the "Highlight Existing Fields" button is selected. **Note:** The fields with red borders are required

# Oak Ridge Schools One Day Travel Reimbursement Request

Traveler \_\_\_\_\_ Delivery \_\_\_\_\_ Location \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
only if "Mail to Home" selected Street address City State Zip Code

Conference/Meeting Name \_\_\_\_\_

Departure Date \_\_\_\_\_ Return date \_\_\_\_\_

**Please submit within 10 days of completed trip. You must attach receipts for all items except meals. Meals will be reimbursed at per diem rates. Complete this form for all personal expenses associated with the travel. A TAR and conference/meeting agenda must be attached to this form.**

**For per diem rates for your specific destination go to the GSA per diem website. [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem)** For TN locations see next page.

<u>Date</u>	<u>Maximum GSA Daily Per Diem</u>	<u>Lunch</u>	<u>Daily Total</u>
Travel Day	15.00		_____
Personal Vehicle Mileage (round trip)	_____	Lunch Reimbursable	_____
Other Personal Vehicle Mileage (enter zero if no additional miles)	_____	Purpose for additional mileage _____	
Total Personal Vehicle Mileage	_____	Total Personal Vehicle Mileage x GSA Mileage Rate of \$0.725	_____
Other (i.e. Gas (for Rental/District Vehicle), Parking, Bag Fees) <i>Please specify</i>	_____	_____	_____
Other Transportation (i.e. Taxi, Shuttle, Metro) <i>Please Specify</i>	_____	_____	_____

**Note: Lunch per diem for 1-day event is \$15.**

Hotel \_\_\_\_\_ Rental Vehicle \_\_\_\_\_  
Airfare \_\_\_\_\_ Conference Registration \_\_\_\_\_  
***Expenses in this area are normally paid with a district credit card.***  
***Enter expenses ONLY if paid by the employee. Receipts are required.***

PO Number \_\_\_\_\_

**Total Reimbursement due to employee** \_\_\_\_\_

*Note: Estimate payment within 2 weeks of receipt in the Business Office*

Verified by: \_\_\_\_\_

Additional Remarks / Updated Account Information

***I certify that the information and expenses provided on this statement are accurate and I have submitted all documentation needed to validate expenses.***

Traveler Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Please click in signature box to create/insert digital signature. Save as pdf and forward to admin assistant/bookkeeper/grant coordinator.**

**FOR BUSINESS OFFICE USE ONLY**

INVOICE AUDITED BY \_\_\_\_\_ APPROVAL BY \_\_\_\_\_