



DATE: \_\_\_\_\_ AMOUNT ADJUSTED/DENIED: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: AMANDA BAUER, FISCAL SERVICES \_\_\_\_\_  
SIGNATURE

Per AP 7400, the attached travel reimbursement has been:

<input type="checkbox"/>	Denied
<input type="checkbox"/>	Amended

by the Business Office due to the following reason:

<input type="checkbox"/>	Missing proper authorization signatures <b>(Appeal not needed, please resubmit after signatures obtained)</b>
<input type="checkbox"/>	Prior approval to attend travel event was not received
<input type="checkbox"/>	Submitted past 10 working days after travel; explanation not given with initial back up.
<input type="checkbox"/>	(Per Diem) Meal Claimed not eligible; Departure/Arrival times do not comply with policy guidelines.
<input type="checkbox"/>	(Per Diem) Meal Claimed not eligible; Conference Provided Meal
<input type="checkbox"/>	(Mileage Reimbursement) Calculated with incorrect IRS mileage rate
<input type="checkbox"/>	(Mileage Reimbursement) Total Miles used did not use most direct route; explanation not included.
<input type="checkbox"/>	Itemized Receipt not provided for requested reimbursement
<input type="checkbox"/>	Claiming a Non-Reimbursable expense.
<input type="checkbox"/>	Other: _____

***If you wish to appeal the above denial/adjustments, please submit this appeal form, the copy of travel submitted & any additional supporting documentation that you may have to the Superintendent/President's Office within 30 days of adjustment notice date for review. If appeal approved, the Business Office will process necessary adjustments.***

DATE OF APPEAL: \_\_\_\_\_ APPEAL AMOUNT: \_\_\_\_\_

EXPLANATION OF APPEAL:

APPEAL APPROVAL

APPROVED

DENIED

\_\_\_\_\_  
SUPERINTENDENT/PRESIDENT SIGNATURE

\_\_\_\_\_  
DATE