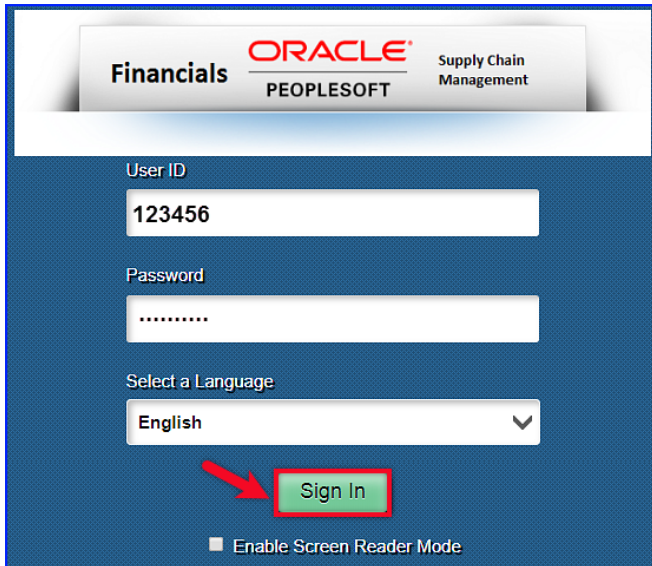

How to Submit an Expense Report for a TB Test Reimbursement

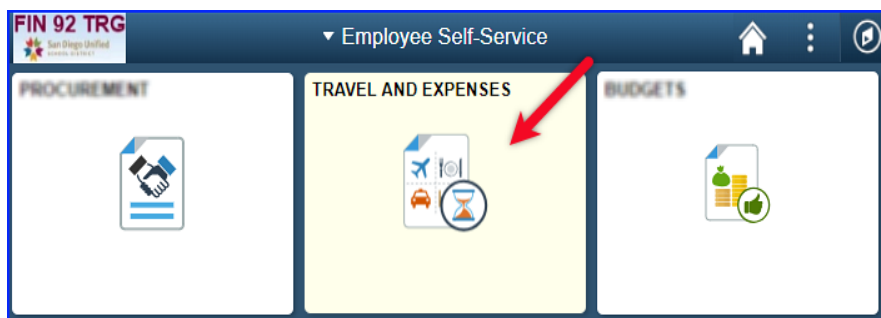
Continuing District employees are eligible for a \$10.00 TB Test reimbursement for cost associated with TB testing. Requests for reimbursement must be submitted through an Expense Report in PeopleSoft FIN. Test results (proof of clearance) must be sent to Human Resources, attn. Krista Conn. Receipts must be sent to Accounts Payable.

Follow the steps below submit a TB Test Reimbursement Expense Report in PeopleSoft FIN.

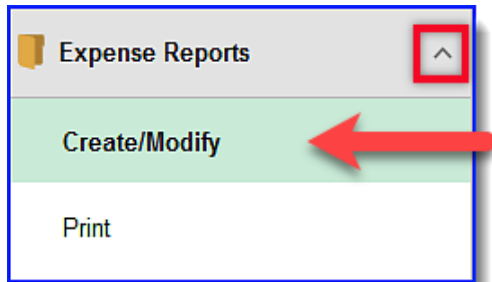
1. Log on to **PeopleSoft FIN**: <https://dwa.sandi.net/hcm/signon.html>
2. Enter your six digit **UserID** (Employee ID) and **DWA Password**. Then, click **Sign In**.

A screenshot of the PeopleSoft sign-in page. The page has a blue background. At the top, there is a header with 'Financials' on the left, the 'ORACLE' logo in the center, and 'PEOPLESFT' and 'Supply Chain Management' on the right. Below the header, there are three input fields: 'User ID' with the value '123456', 'Password' with masked characters, and 'Select a Language' with 'English' selected. A red arrow points to a green 'Sign In' button. At the bottom, there is a checkbox labeled 'Enable Screen Reader Mode'.

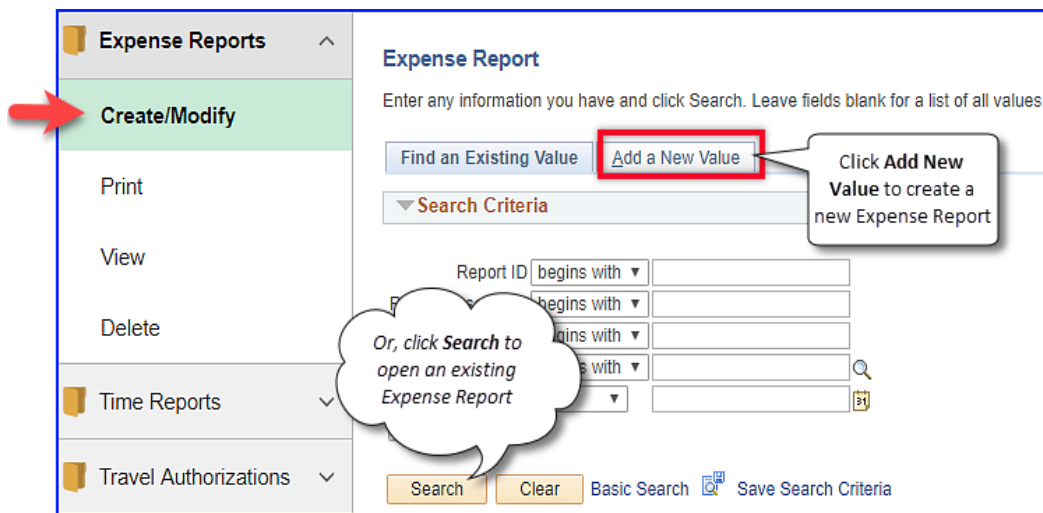
3. On the **Homepage**, select **Travel and Expenses**.



- From **Expense Reports** menu, click **Create/Modify**.

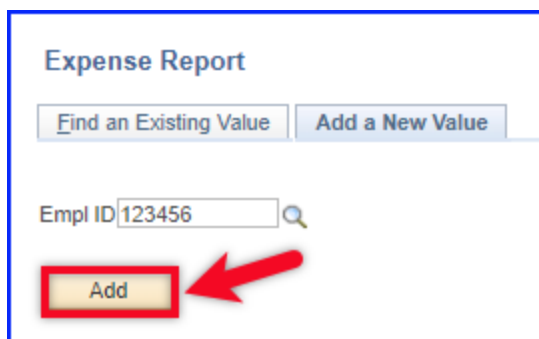


- Click **Add a New Value** to create a new report.



Your Employee ID number should display.

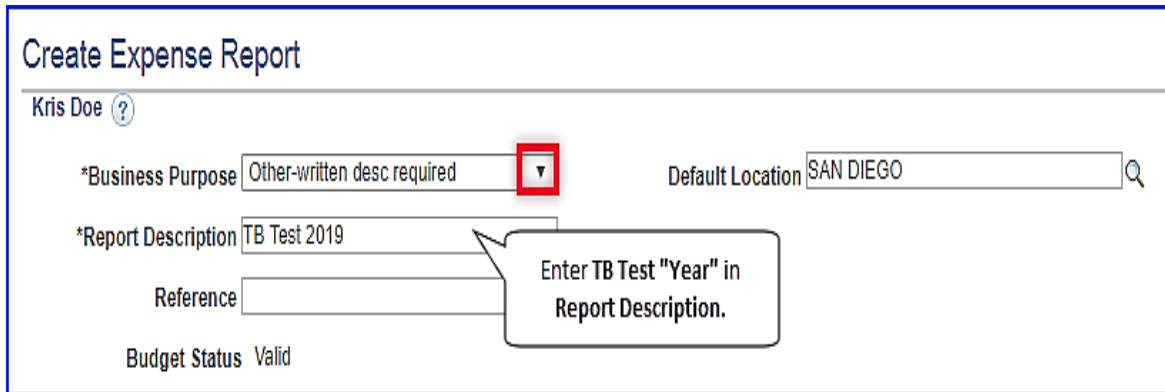
- Click **Add**.



7. Complete the **Create Expense Report** page (**Note: Asterisk *** indicates a required field).

Header

- **Business Purpose:** Select **Other-written desc required** from drop-down
- **Report Description:** Enter **TB Test** and **year**. For example, "TB Test 2019"
- **Default Location:** Enter **San Diego**



Create Expense Report

Kris Doe (?)

*Business Purpose: Other-written desc required ▼

Default Location: SAN DIEGO

*Report Description: TB Test 2019

Reference:

Budget Status: Valid

Enter TB Test "Year" in Report Description.

Expenses

- **Date:** Enter date of TB test. Cannot be a future date
- **Expense Type:** Select **TB Test Reimbursement** from drop-down
- **Description:** Enter **TB test**.
- **Payment Type:** Select **Cash or Personal Check** or **Personal Credit Card** from drop-down
- **Amount:** Enter **\$10.00**
- **Location:** Enter **San Diego**
- **Merchant:** Select **Non- Preferred**. Enter **name of healthcare facility or doctor** who performed test

Expenses ?

Expand All | Collapse All Add: | My Wallet (0) | Quick-Fill

Total 10.00 USD

*Date: 04/22/2019 *Expense Type: TB Test Reimbursement *Description: TB Test *Payment Type: Personal Credit Card *Amount: 10.00 *Currency: USD

*Billing Type: Internal *Location: SAN DIEGO *Merchant: Preferred Non-Preferred Scripts Chula Vista

*Receipt Split ☒ Default Rate ☐ Non-Reimbursable ☐ No Receipt

Enter TB Test in Description.

Enter name of facility or doctor who performed test.

Enter \$10.00 in Amount.

8. When finished, click **Summary and Submit**.

Save for Later **Summary and Submit**

Actions ...Choose an Action GO

9. On **Create Expense Report** page, check the **Certification box**. Then click **Submit Expense Report**.

Create Expense Report

Kris Doe

*Business Purpose: Other-written desc required *Description: TB Test 2019 Reference:

Totals ? View Printable Version View Analytics

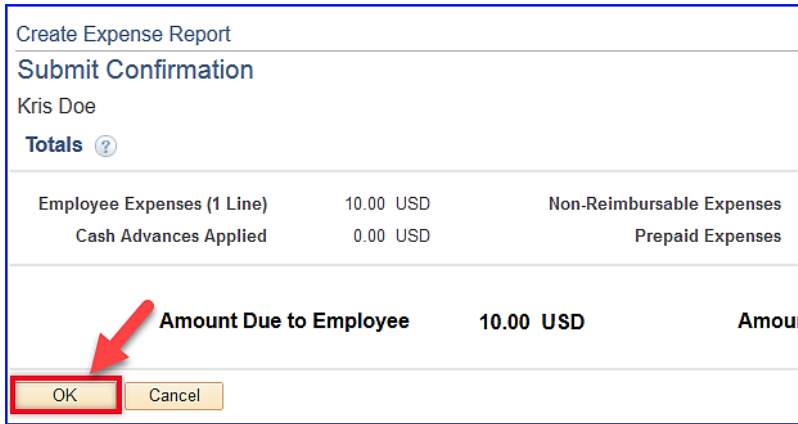
Employee Expenses (1 Line)	10.00 USD	Non-Reimbursable Expenses	0.00 USD
Cash Advances Applied	0.00 USD	Prepaid Expenses	0.00 USD

Amount Due to Employee 10.00 USD Amount Due

☒ By checking this box, I certify the expenses submitted are accurate and comply with expense policy.

Submit Expense Report

10. Click **OK** to confirm submission.



Create Expense Report

Submit Confirmation

Kris Doe

Totals ?

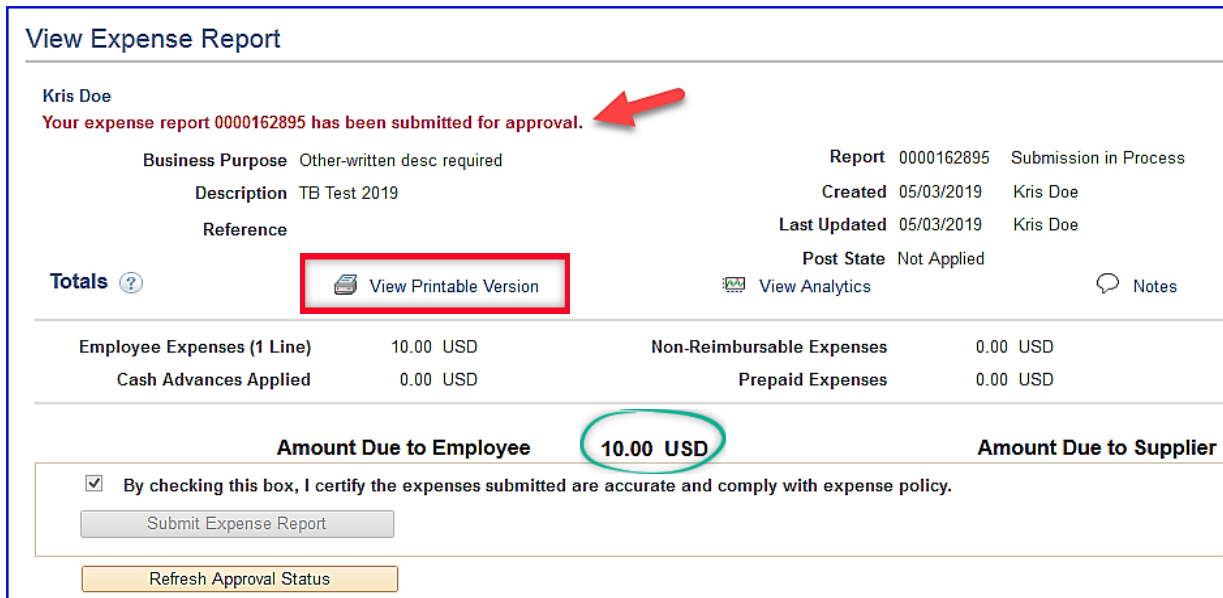
Employee Expenses (1 Line)	10.00 USD	Non-Reimbursable Expenses	
Cash Advances Applied	0.00 USD	Prepaid Expenses	

Amount Due to Employee 10.00 USD **Amount Due to Supplier**

OK **Cancel**

The confirmation page will display a "...submitted for approval" message. Reimbursement amount appears as "**Amount Due to Employee**".

11. Click **View Printable Version** to print report.



View Expense Report

Kris Doe

Your expense report 0000162895 has been submitted for approval.

Business Purpose Other-written desc required

Description TB Test 2019

Reference

Report 0000162895 Submission in Process

Created 05/03/2019 Kris Doe

Last Updated 05/03/2019 Kris Doe

Post State Not Applied

Totals ? **View Printable Version** **View Analytics** **Notes**

Employee Expenses (1 Line)	10.00 USD	Non-Reimbursable Expenses	0.00 USD
Cash Advances Applied	0.00 USD	Prepaid Expenses	0.00 USD

Amount Due to Employee 10.00 USD **Amount Due to Supplier**

☒ By checking this box, I certify the expenses submitted are accurate and comply with expense policy.

Submit Expense Report

Refresh Approval Status

12. Print Expense Report.

13. Send hardcopies of documents to district departments:

- **Accounts Payable, Ed Center, rm 3141**-TB Test Reimbursement Expense Report & original receipt taped to blank 8 ½ x 11 inch paper. Make copy for personal records.
- **Human Resources** -Proof of clearance (test results), tb@sandi.net.