

Travel Request and Reimbursement

Professional Development Activity

Date of Request: _____
 Name _____ School _____
 Type of Meeting _____
 Location _____
 Departure Date _____ Return Date _____
 Transportation: ___Air ___Car ___Other _____

Reimbursement Source: Building _____ %
 District _____ %
 State/Grant _____ %
 Other _____ %

Activity #

Request is: ___Approved
 ___Not Approved

 Dr. Beth Savidge

Application for Reimbursement

	*Submit <i>prior</i> to activity.	*Resubmit with receipts <i>after</i> activity.	
	Estimate of Expenses	Amount Paid By District P.O./Card	Actual Expense for Reimbursement
Transportation	_____	_____	_____
Registration	_____	_____	_____
Meals	_____	_____	_____
Lodging	_____	_____	_____
Other Expenses	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Subtotal	_____	_____	_____

Total Reimbursement Requested: _____

The above is a true and correct statement of my expenses in transacting authorized school business in the period specified above. I have attached receipts for all expenditures in which I am seeking reimbursement.

Signature: _____ Date: _____

Expenditures charged to account: # _____

Approval: These expenses are approved for payment in the amount of \$ _____

Superintendent/designee: _____

Please make a copy of this completed form for your records.