Travel Request and Reimbursement
Professional Development Activity

Date of Request: _____

Name_____ School _____

Type of Meeting _____

Location   _____

Departure Date   _____   Return Date _____

Transportation: ___Car   ___Other _____

Reimbursement Source: Building _____   _____ %

                             District _____   _____ %

                             State/Grant _____   _____ %

                             Other_____   _____ %

Activity #   Request is: ___ Approved
_____   ___ Not Approved

                                             _____
                                                        Pam Boatright

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Application for Reimbursement

*Submit **prior** to activity.   *<u>Resubmit</u> with receipts **after** activity.

	Estimate of Expenses	Amount Paid By District P.O./Card	Actual Expense for Reimbursement
Transportation(.555 per mile)	_____	_____	_____
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: _____

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Expenditures charged to account: #_____

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

<u>Please make a copy of this completed form for your records.</u>