

PART 2

**REQUEST FOR REIMBURSEMENT OF EXPENSES
FOR PROFESSIONAL DEVELOPMENT**

NAME: _____ NAME OF CONFERENCE _____

SCHOOL _____ ADDRESS _____

Description	Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Conference Fees		\$	\$	\$	\$	\$	\$	\$
Meal Cost								
Lodging Cost								
Travel/Mileage								
Local Transp.								
Parking Cost								

Please put in date and dollar amount in corresponding day box.

TOTAL REQUESTED AMOUNT:

**1. RECEIPTS ARE REQUIRED FOR ALL EXPENDITURES
(CONFERENCE FEES, MEALS, TRANSPORTATION, ETC.)
EXPENDITURES MUST BE SUMMARIZED UNDER THE
APPROPRIATE EXPENSE CATEGORIES. MAXIMUM
REIMBURSEMENT WILL BE DETERMINED BY THE ASSISTANT
SUPERINTENDENT OF SCHOOLS.**

\$ _____

2. TRAVEL/MILEAGE REIMBURSEMENT IS BASED AT \$.55 PER MILE TOTAL AMOUNT: \$ _____

I HEREBY VERIFY THAT THESE EXPENSES ARE CORRECT AND WERE INCURRED IN THE PERFORMANCE OF MY DUTIES.

EMPLOYEE SIGNATURE _____ DATE _____ APPROVED AMOUNT _____

PRINCIPAL/SUPERVISOR APPROVAL _____ DATE _____ ACCOUNT CODE _____

ASSISTANT SUPERINTENDENT SIGNATURE: _____ DATE _____