

TRAVEL AND EXPENSE REIMBURSEMENT REQUEST

INSTRUCTIONS:

- An approved electronic school business request must be approved before expenses are considered for reimbursement.
- District employees must complete this form to receive a reimbursement.
- The per diem rate for a participant's meals, including tips, is \$35 with receipts or \$25 without receipts. Receipts must show what was ordered.

Name/Position of Employee: _____ / _____

School Building/Department: _____

Date(s) of Event: _____

Name of Event: _____ Location of Event: _____

Paid by Employee:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Registration Fees								
Transportation (Including parking/tips)								
Automobile Mileage (Current IRS rate applied)								
Hotel or Lodging (Including tips)								
Meals (Including tips)								
TOTAL								

TO BE COMPLETED BY BUSINESS OFFICE	
Due Employee	\$ _____

TO BE COMPLETED BY SCHOOL/DEPARTMENT PAYING REIMBURSEMENT

Choose the school/department account the reimbursement is to come from and the signature of the school/department responsible for payment.

School/Department Account Number (NON PDC funds): _____ - _____ - _____ - _____ - _____ - _____ - _____

Principal/Supervisor Signature: _____ Date: _____

School PDC Account Number: _____ - _____ - _____ - _____ - _____ - _____ - _____

PDC Chair Signature: _____ Date: _____

District PDC Account Number: _____ - _____ - _____ - _____ - _____ - _____ - _____

Director of Professional Development Signature: _____ Date: _____

Send this completed form to the Office of Professional Development
Include all required receipts. (Please do not put tape of any kind on receipts)