

Staff Development

EXPENSE ACCOUNT FORM

Purchase Order # _____

For reimbursement:

Complete and submit this form, along with all invoices and original receipts to the Budget Manager who funded the professional development leave.

Must be submitted within two (2) weeks from the date of the Professional Development.

Failure to Submit will forfeit reimbursement.

Employee _____

School/Department _____ Grade _____

Professional Leave for Name and location _____

Dates of travel _____ to _____

Registration Fee: (attach documentation) **Total:** \$ _____

Lodging: (**Attach hotel bills (folio)**, not charge receipts such as Master Charge, Visa, etc.)

Date: _____ **Hotel/Motel:** \$ _____ **Amount:** \$ _____

Meals: (Receipts must be attached) **Total:** \$ _____

May not exceed \$40.00 per day

Meals are considered breakfast, lunch and dinner. NOTE: Alcoholic beverages and Meal Receipts that are not itemized will not be reimbursed.

Transportation/Mileage: (Attach all airline, cab, parking and other travel receipts)

Air Fare: \$ _____ Uber/Bus: \$ _____

Parking/Tolls: \$ _____ Luggage/Baggage Fee: \$ _____

Mileage: (#) _____ of Miles x .67 per mile = \$ _____

Total: \$ _____

Total Expenditure for Professional Leave: \$ _____

Signature: _____ **Date:** _____