

EMPLOYEE PROFESSIONAL DEVELOPMENT REIMBURSEMENT REQUEST

Please submit in a timely manner

Reminder: Maximum allotments for Meals - \$59/day, Hotel - \$160/night, Parking - \$10/day, Mileage - 60%.

Name _____ ID Number _____ Date _____

Date	Description	Miles	Meals	Lodging	Other Expenses (Specify)
Total		0	\$0.00	\$0.00	\$0.00

USE THIS FORM effective January 1, 2026 for PDF Reimbursements

Total Miles 0.0 X **2026** mileage rate at \$0.725 per mile and at 60% **0.435** = \$ 0.00

Total Claim \$ 0.00

Documentation of mileage must accompany this form (Google Map)

ATTACH RECEIPTS

I certify that the above information is a true and correct statement of expenses incurred in connection with my Professional Development.

Signature