

**Monadnock Regional School District
Professional Development Reimbursement**

Name _____ School/Position _____ Date _____

Proof of payment and attendance must be included for reimbursement to be processed

Support Staff seeking prepayment - please attach requisition

Items for Reimbursement	Expense
Name and Dates of Workshop/Conference:	
Mileage: Miles traveled _____ @ _____.72.5 cents _____ per mile Please subtract daily commute if applicable	
Meals (original itemized receipts required)	
Lodging (bill required showing payment)	
Other: (receipts required showing payment)	
Total:	

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

SAU Office use only

Amount approved: _____
Charge to account number: _____
Assistant Superintendent signature: _____ Date _____
Business Administrator signature: _____ Date _____