**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 _____@ ___.76 cents_____ per mile. Please subtract daily commute if applicable. Please provide Google Map of route | |
| **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 _____

**Please Note: Alcoholic beverages are not eligible for reimbursement and will void the entire food receipt if included.