

# Reimbursement Request of Professional Development Expenses

NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

PRIOR APPROVAL SUBMITTED IN MY LEARNING PLAN **Yes (REQUIRED)**

RECEIPTS ATTACHED **Yes NO N/A (Originals Required)**

Original receipts for all expenditures except food must be submitted with this request and the form completed in full before the claim will be processed. Daily total for subsistence not to exceed approved amount for in-state or out-of-state travel.

COPY OF CERTIFICATE OF COMPLETION ATTACHED **Yes No** (Please keep the original for your files)

TITLE OF ACTIVITY \_\_\_\_\_

LOCATION \_\_\_\_\_

DATE(S) OF ACTIVITY \_\_\_\_\_

BUDGET CODE \_\_\_\_\_

TOTAL EXPENSES CLAIMED \$ \_\_\_\_\_

Day	TRAVEL (Show Each City Visited)		1	TRANSPORTATION			2	SUBSISTENCE	OTHER	
	From	To	MODE	Mileage	@	Amount	TYPE			
			P				B			
			A				L			
			O				D			
			R				H			
			T				T			
			P				B			
			A				L			
			O				D			
			R				H			
			T				T			
			P				B			
			A				L			
			O				D			
			R				H			
			T				T			
			P				B			
			A				L			
			O				D			
			R				H			
			T				T			
			P				B			
			A				L			
			O				D			
			R				H			
			T				T			
			<b>Total Transportation</b>				<b>Total Subsistence</b>		<b>Total Other</b>	

**Mode of Travel (1)**

- P - Private owned car
- A - Air
- O - Other, parking fees,  
Bus, taxi, tolls
- R - Rail
- T - Transportation Total

**Type of Subsistence (2)**

- B - Breakfast
- L - Lunch
- D - Dinner
- H - Hotel
- T - 24 Hour Total

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date