



Professional Development Reimbursement Request

Name _____ Building _____

Workshop/Conference/Activity Title _____

Date(s) _____ Location _____

1. Transportation (roundtrip) From: _____ To: _____

2. Total Car Mileage: _____ @ .545 per mile (Federal 2018 rate) Total: \$ _____

3. Departure: Date: _____ Time: _____

4. Return: Date: _____ Time: _____

5. Meal Reimbursement: Breakfast \$ _____ Dinner \$ _____ Total \$ _____

a. **(Please attach receipts.)** (\$6/meal max) (\$20/meal max)

b. (If leaving home before 7:00 A.M. or returning home after 6:00 P.M.)

6. Other Expenses: **(Please attach receipts.)**

Item	Amount
_____	_____
_____	_____

_____ Total Other: \$ _____

Total Reimbursement Request: \$ _____

Signature _____

Date _____

Return Completed Request to the Curriculum Office.

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Approved by Superintendent or Director of Curriculum: _____

Date: _____

Account Charged: _____