

Professional Leave and Expense Reimbursement Request

There is **no** workshop expense reimbursement if tuition reimbursement is requested.

Today's Date _____

Staff Name(s): _____

Date & Time of meeting(s): _____

Name and Location of meeting(s) or workshop(s):

Name(s) _____

Location _____

Required meeting? YES NO

Have you attended this meeting before?: YES NO

If yes, date of last time attended: ____/____/____

NO DISTRICT EXPENSE OR REIMBURSEMENT REQUESTED FOR THIS MEETING.

District Expense Request:

Substitute(s) Needed

Full Day Partial Day (if partial day, note time range sub is needed _____ to _____)

Registration Fee(s): (# Staff) _____ X (fee) \$ _____ Total Fee(s) \$ _____

(Attach "completed" form if District Office is to mail/pay registration fee.)

I have completed registration and payment with school credit card; only permission requested.

I have registered myself but payment needs to be made by District Office.

I have included a registration form, but District Office needs to mail it in with a check or credit card payment.

Mileage Expense Request:

Estimate Total # Miles (round trip) * _____

***A MILEAGE FORM IS REQUIRED AFTER THE TRIP IS COMPLETE WITH EXACT MILES TRAVELED IN ORDER TO INITIATE REIMBURSEMENT. REIMBURSEMENT WILL BE PAID WITH ALL REGULAR BILLS AFTER THE MONTHLY BOARD MEETING.**

Meal Expense Request: (# Staff) _____ (# meals each) _____ Total # Meals _____

Reimbursement up to \$15.00 per meal with receipts and "Reimbursement Form" submitted after conference. **UPDATED 1/1/22**

Hotel Expense: (# rooms) _____ X (# nights) _____ X rate _____ Total Hotel \$ _____

Confirm hotel reservation with school credit card and submit all receipts to the District Office.

District Transportation Request:

Individuals Riding: _____ Date(s) to pickup/use: _____

SCHOOL ACTIVITY BUS REQUESTED: _____

SCHOOL SUBURBAN REQUESTED: _____

Must submit a Field Trip / Transportation Request form in addition to Professional Leave

APPROVED

DENIED

Principal's Signature _____

Date _____

Signature of person notifying sub caller _____ Date _____