## **Professional Leave and Expense Reimbursement Request**

There is <b>no</b> workshop expense reimb	bursement if tuition reimburse	ment is requested. Today's Date	
Staff Name(s):			
Date & Time of meeting(s):			
Name and Location of meeting(s) or v			
	• , ,		
Name(s)			
Location			
Required meeting? YES NO	·		
	If yes, date of last time attended://		
NO DISTRICT EXPENSE OR REIM	MBURSEMENT REQUEST	TED FOR THIS MEETING.	
District Expense Request:  Substitute(s) Need Full Day	y 🔲 Partial Day (if partial o	lay, note time range sub is needed	_ to)
Registration Fee(s): (# Staff)	X (fee) \$		
(Attach completed registration form if District	Office is to mail/pay registration	on fee. Please note below.)	
check or credit card pa	yment.	ut the District Office needs to mail i	
Mileage Expense Request: *A MILAGE FORM IS REQUIRED AFTER TH		stimate Total # Miles (round trip) *	
REIMBURSMENT. REIMBURSEMENT WILL			
Meal Expense Request: (# Staff)	(# meals each)	Total # Meals	
Reimbursement up to \$15.00 per meal with re			ED 1/1/22
Hotel Expense: (# rooms) X	(#:-1.4-) V4-	Total Hotel \$	
Confirm hotel reservation with school credit ca			I Expense slip.
District Transportation Request:		# Individuals Riding:	Date(s) to pickup/use:
SCHOOL ACTIVITY BUS REQUESTI	ED:		
SCHOOL SUBURBAN REQUESTED:	•		
MUST SUBMIT A FIELD TRIP / TRANSPORTA	ATION REQUEST FORM IN A	DDITION TO PROFESSIONAL LEAVE	
APPROVED		☐ DENIED	
Principal's Signature		Date	
*Grant Title and/or Budget Description		Supt. Approval	