

## REQUEST FOR REIMBURSEMENT FOR PROFESSIONAL LEARNING

Please complete the following information to receive reimbursement for expenses related to a professional learning activity and submit this form to your supervisor. **Do NOT include pre-paid expenses.**

**Pay To:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, Zip:** \_\_\_\_\_

**Name of PD Activity:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_

**SECTION II** *(Receipts are required for reimbursement)*

**Expense Yet to Be Reimbursed**

**Registration Fee** \$ \_\_\_\_\_

**Actual Auto Mileage** ( \_\_\_\_\_ miles x \_\_\_\_\_ per mile) **Transportation** \$ \_\_\_\_\_

(airfare, ground transportation, parking) \$ \_\_\_\_\_

**Lodging:** \_\_\_\_\_ \$ \_\_\_\_\_

**Meals:** \_\_\_\_\_ \$ \_\_\_\_\_

**Other:** \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL Reimbursement:** \$ \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Account #</b> _____	<b>Amount \$</b> _____
<b>Account #</b> _____	<b>Amount \$</b> _____
<b>Account #</b> _____	<b>Amount \$</b> _____
	<b>TOTAL \$</b> _____