

MID-VALLEY SPECIAL EDUCATION COOPERATIVE

REQUEST FOR REIMBURSEMENT OF CONFERENCE OR PROFESSIONAL DEVELOPMENT EXPENSES

Please complete this form and submit it to your immediate supervisor after you attend your meeting or conference. Requests should be made for items that have previously been approved. (Please use the P-Card Expense form for those purchases that have been made using that credit card. This form is for all other reimbursements for travel.) In order to be reimbursed, this form must be submitted by the third Friday prior to a Board meeting. Payment for these expenses are approved at monthly Board meetings. Each individual should complete and submit his/her own form.

Name _____ Today's Date _____ School/Program _____

Purpose of Meeting/Conference _____

Date of Meeting/Conference _____ Location of Meeting _____

If reimbursement is requested, complete all information in the box below before submitting. ATTACH ORIGINAL RECEIPTS TO THIS FORM.

ACTUAL Conference or Professional Development Expenses:										
Actual Expense Report										
Auto Travel Allowance .535 per mile; Meal allowance \$75/day										
Date	Mileage*		Comm. Travel Expense	Lodging	Meals			Other (Regis., cabs, etc.)		Daily Total
	Miles	Cost			Bkft	Lunch	Dinner	Item	Cost	
TOTAL										

*Mileage to/from meeting/conference only. Separate from monthly mileage.

Signatures:

Signature of Staff Member

Date

Signature of Supervisor

Date

Received by Business Office, Date: _____