Professional Development and Travel Reimbursement Form

This form must be submitted to Central Office and a Professional Development Leave submitted. (Attendance at a professional development event that occurs during a non-attendance weekday will be reimbursed at the current sub rate with prior administrative approval). Any increase in amounts claimed must be approved by the administrator.

After the trip, the employee must complete this form by adding the actual expenditures and attaching receipts that reflect all totals.

Receipts must be itemized. (Alcohol is not a reimbursable expense.)

This form must be completed and signed by the employee and the administrator prior to reimbursement.

Name	Building/Position	Date

Event	Location	Date(s)

	Estimated Cost(s):	Claimed Amount:
1. Registration		
a. Central Office will pay fees directly; 2-week notice required.	_____	_____
b. If employee pays directly, expense will be reimbursed with preapproval and receipt.	_____	_____
2. Transportation		
a. Airfare/Train; Central Office will pay directly; 2-week notice required.	_____	_____
b. Uber/Rideshare (Reimbursable with receipts.)	_____	_____
c. Parking/Tolls (Reimbursable with receipts.)	_____	_____
d. Mileage (.675 per mile; Reimbursed only if district vehicle is not available.)	_____	_____
e. District Vehicle (No reimbursement.)		
3. Hotel		
a. Reservation; Central Office will pay directly; 2-week notice required.	_____	_____
b. If employee pays directly, expense will be reimbursed with preapproval and receipt.		
Name of Hotel: _____		
Number of Nights: _____	_____	_____
4. Meals (Maximum daily allowance = $50; Tips should not exceed 18% per meal)		
Date_____ Breakfast _____ Lunch _____ Dinner _____	_____	_____
Date_____ Breakfast _____ Lunch _____ Dinner _____	_____	_____
Date_____ Breakfast _____ Lunch _____ Dinner _____	_____	_____
Date_____ Breakfast _____ Lunch _____ Dinner _____	_____	_____
Date_____ Breakfast _____ Lunch _____ Dinner _____	_____	_____
Date_____ Breakfast _____ Lunch _____ Dinner _____	_____	_____
5. Other Expense(s)		
Describe, itemize, and attach receipts.		
_____	_____	_____
TOTALS:	_____	_____

SIGNATURE _____ **DATE** _____

Central Office Use Only

Code #_____-_____-_____-_____ Vendor # _____

Reimbursement approved in the amount of $_____ Administrator Signature: _____

Approved for Payment Administrator Signature: _____

Updated 4/30/26