

# ST. CLAIR COUNTY BOARD OF EDUCATION PROFESSIONAL DEVELOPMENT REQUEST AND REIMBURSEMENT FORM

FORMS SHOULD BE COMPLETED AND SUBMITTED AT LEAST 10 DAYS PRIOR TO CONFERENCE WITH APPROPRIATE LITERATURE REGARDING CONFERENCE ATTACHED (REGISTRATION FORM, BROCHURE, ETC. THE PROFESSIONAL LEAVE PART (TOP HALFOF FORM) MUST BE SUBMITTED WITH ORIGINAL SIGNATURES ALONG WITH PAYROLL. KEEP A COPY TO USE WHEN SUBMITTING THE EXPENSE PORTION.

EMPLOYEE NAME		HOME STREET ADDRESS		SCHOOL BASE/LOCATION	
TITLE OF CONFERENCE		CONFERENCE ADDRESS		DATES OF CONFERENCE _____ TO _____	
DATES AWAY FROM WORK INCLUDING TRAVEL TIME  _____ TO _____	PERSONAL CAR <input type="checkbox"/> CARPOOL <input type="checkbox"/> AIRPLANE <input type="checkbox"/>	MODE OF TRAVEL <input type="checkbox"/> WITH WHOM: _____ <input type="checkbox"/>		SUBSTITUTE REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
				FUND SOURCE: _____	

<b>ESTIMATED EXPENSES:</b>		FUND SOURCE: _____	
REGISTRATION	\$ _____	_____	EMPLOYEE'S SIGNATURE _____ DATE _____
ACCOMODATIONS	\$ _____	_____	
MEALS TRAVEL	\$ _____	_____	
# MILES _____ @ .555/MILE	\$ _____	_____	PRINCIPAL'S/SUPERVISOR'S SIGNATURE _____ DATE _____
AIRFARE (COACH)	\$ _____	_____	
PARKING	\$ _____	_____	COORDINATOR'S/DIRECTOR'S SIGNATURE _____ DATE _____
TAXI/BUS	\$ _____	_____	
OTHER (SPECIFY)	\$ _____	_____	SUPERINTENDENT'S SIGNATURE _____ DATE _____
ESTIMATED TOTAL	\$ _____		

## REIMBURSEMENT REQUEST TO BE FILLED OUT AFTER PROFESSIONAL DEVELOPMENT HAS BEEN COMPLETED.

ORIGINAL FORM SHOULD BE SUBMITTED AS SOON AS POSSIBLE FOLLOWING YOUR RETURN. THE FOLLOWING SHOULD BE ATTACHED: ORIGINAL RECEIPTS FOR REGISTRATION FEES, LODGING, PARKING, OTHER EXPENSES (SPECIFY), AND A COPY OF THE CONFERENCE AGENDA AND/OR A CERTIFICATE OF PARTICIPATION MUST ALSO BE ATTACHED. IF AIRFARE IS REQUESTED, YOU MUST ATTACH A COPY OF THE BOARDING PASS AND/OR TICKET WITH YOUR NAME LISTED ON IT.

**ACTUAL EXPENSES:**

REGISTRATION	\$ _____	AIRFARE (COACH)	\$ _____
ACCOMODATIONS	\$ _____	PARKING	\$ _____
MEALS	\$ _____	TAXI/BUS	\$ _____
# MILES _____ @ _____ /MILE	\$ _____	OTHER (SPECIFY)	\$ _____

ACTUAL EXPENSE TOTAL \$ \_\_\_\_\_

ROUNDRIP MILEAGE \_\_\_\_\_ X # OF ROUND TRIPS \_\_\_\_\_ = TOTAL MILEAGE \_\_\_\_\_

*MILEAGE WILL BE VERIFIED WITH MAPQUEST. PLEASE ATTACH A COPY OF MAPQUEST SHOWING MILEAGE FOR THIS TRIP.*

REIMBURSEMENT TOTAL | \$ \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE IS A CORRECT STATEMENT OF EXPENSES INCURRED BY ME IN THE PERFORMANCE OF OFFICIAL DUTIES FOR THE ST. CLAIR COUNTY BOARD OF EDUCATION.

_____ EMPLOYEE'S SIGNATURE	_____ DATE
_____ PRINCIPAL'S/SUPERVISOR'S SIGNATURE	_____ DATE
_____ COORDINATOR'S SIGNATURE	_____ DATE