

Application for Professional Day and Reimbursement for a Professional Conference/Meeting

Name: _____ School: _____

Name of Conference/Meeting: _____

Conference/Mtg Location: _____ Date(s): _____

Time from: _____ AM/PM Time to: _____ AM/PM

Purpose for attending? _____

AESOP Confirmation # _____

Will a substitute be needed? Yes or No

Will you be asking for reimbursement of travel expense? No_____ Yes _____

If yes, please give estimate(s) of expenses (Do not include tips or other personal items)

Lodging \$ _____

Meals \$ _____

Transportation \$ _____
(Mileage, tolls, parking)

Registration Fee \$ _____

TOTAL \$ _____

REIMBURSEMENT RATES	
<u>Meals per day, with receipt(s) as follows:</u>	
Breakfast	\$10.00
Lunch	\$15.00
Dinner	\$25.00
<u>Mileage rate:</u>	
0.580 effective 1/1/2019 - 12/31/2019	

Will funds, other than general fund, be used toward this expense? If yes, please list fund and amount. If not, state none.

Fund: _____ \$ _____

Fund: _____ \$ _____

Employee Signature _____ Date _____

Approved: _____ Denied: _____

Supervisor Signature _____ Date _____

Approved: _____ Denied: _____

Superintendent Signature _____ Date _____