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

Meals per day, with receipt(s) as follows:

Breakfast	$10.00
Lunch	$15.00
Dinner	$25.00

Mileage rate:
0.655 effective 1/1/2023 - 12/31/2023

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