

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

3243 F1

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>	
0.67 effective 1/1/2024 - 12/31/2024	

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 _____