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## Reimbursement Form

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Conference or Training Attended: \_\_\_\_\_

Date of Training: \_\_\_\_\_

Please fill out the following areas requested for reimbursement & **attach required detailed receipts:**

Lodging - # of nights \_\_\_\_ \$ \_\_\_\_\_

Meals - Limits are \$13 - Breakfast, \$14 - Lunch, & \$23 - Dinner  
\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Registration cost \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Total Reimbursement Requested \$ \_\_\_\_\_

Please select which funding source was approved for this professional development session?

- \_\_\_\_ Teacher Quality
- \_\_\_\_ Teacher Leadership
- \_\_\_\_ Special Education
- \_\_\_\_ General

Administrator \_\_\_\_\_