

**Staff Development**

**EXPENSE ACCOUNT FORM**

Purchase Order # \_\_\_\_\_

**For reimbursement:**

**Complete and submit this form, along with all invoices and original receipts to the Budget Manager who funded the professional development leave.**

**Must be submitted within two (2) weeks from the date of the Professional Development.**

**Failure to Submit will forfeit reimbursement.**

Employee \_\_\_\_\_

School/Department \_\_\_\_\_ Grade \_\_\_\_\_

Professional Leave for Name and location \_\_\_\_\_

Dates of travel \_\_\_\_\_ to \_\_\_\_\_

**Registration Fee:** (attach documentation) **Total:** \$ \_\_\_\_\_

**Lodging:** (**Attach hotel bills (folio)**, not charge receipts such as Master Charge, Visa, etc.)

**Date:** \_\_\_\_\_ **Hotel/Motel:** \$ \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

**Meals:** (Receipts must be attached) **Total:** \$ \_\_\_\_\_

May not exceed \$40.00 per day

**Meals are considered breakfast, lunch and dinner. NOTE: Alcoholic beverages, Snacks, Tips, and Meal Receipts that are not itemized will not be reimbursed.**

**Transportation/Mileage:** (Attach all airline, cab, parking and other travel receipts)

Air Fare: \$ \_\_\_\_\_ Taxi/Bus: \$ \_\_\_\_\_

Parking/Tolls: \$ \_\_\_\_\_ Luggage/Baggage Fee: \$ \_\_\_\_\_

Mileage: (#) \_\_\_\_\_ of Miles x .575 per mile = \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

**Total Expenditure for Professional Leave: \$ \_\_\_\_\_**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_