

JOB-RELATED EXPENSES

The Board of Education may provide for the payment of the actual and necessary expenses, including traveling expenses, of any professional staff member of the District incurred in the course of performing services for the District, whether within or outside the District, under the direction of the Board and in accordance with the Superintendent's administrative guidelines.

The validity of payments for job-related expenses shall be determined by the Superintendent.

The Board shall pay the expenses of professional staff members when they attend professional meetings approved in accordance with the policy of this Board and in accordance with the administrative guidelines of the Superintendent.

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policy

**BOARD OF EDUCATION
MAR LEE SCHOOL DISTRICT**

SUPPORT STAFF
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JOB-RELATED EXPENSES

The Board of Education may provide for the payment of the actual and necessary expenses, including traveling expenses, of any support staff member of the District incurred in the course of performing services for the District, whether within or outside the District, under the direction of the Board and in accordance with the Superintendent's administrative guidelines.

The Superintendent shall prepare administrative guidelines to implement this policy.

REQUEST TO ATTEND CONFERENCE/PROFESSIONAL DEVELOPMENT

Employee Name: _____ Today's Date: _____

Name of Conference/PD: _____ Date of Conference/PD: _____

Location of Conference/PD: _____ Length of Stay: _____

Will a substitute be required? Yes _____ No _____

REGISTRATION INFORMATION: Please provide a copy of your completed registration form with this PD request for the business office to submit with payment.

Make Check Payable To: _____ Registration Deadline: _____
Address: _____

HOTEL/LODGING INFORMATION: If lodging is needed, please make your own room reservation (if approved) and forward the information to the business office. Schools are not required to pay the State Sales Tax, so please get the rate less the sales tax. A copy of the tax exemption letter can be found on the shared drive.

Make Check Payable To: _____ Check Amount (less sales tax): \$ _____
Address: _____

Room Confirmation Number: _____

TRANSPORTATION INFORMATION: Reimbursement for travel by means other than a personal vehicle must be substantiated by itemized receipts and/or proof of payment. If prior payment is needed, please contact the business office.

_____ Personal Vehicle -- Estimated Number of Miles: _____ (reimbursed at \$.35 per mile)
_____ Air _____ Train _____ Cab _____ Other (please explain)

MEALS: Please do not include any meals that are already included in the cost of the conference.
Breakfast - # of meals _____ (maximum reimbursement rate is \$4.80 including tax and 15% tip)
Lunch - # of meals _____ (maximum reimbursement rate is \$7.50 including tax and 15% tip)
Dinner - # of meals _____ (maximum reimbursement rate is \$15.00 including tax and 15% tip)

IMPORTANT: Meal reimbursements will only be made upon submission of itemized receipts. Receipts showing alcohol or other non-eligible items will not be accepted for reimbursement. Non-itemized receipts will not be accepted.

ESTIMATED EXPENSES	ACTUAL EXPENSES
Registration	Registration
Hotel/Lodging	Hotel/Lodging
Transportation	Transportation
Meals	Meals
Other (explain)	Other (explain)
Total Estimated	Total Actual

Note: Actual expenses must be provided on this form and submitted to principal/superintendent at the conclusion of this conference/professional development. Request for reimbursement for all expenses for this PD must be submitted (along with this form showing actual charges) on a travel reimbursement form with all receipts attached.

Approved: _____ Denied: _____ Principal Signature: _____ Date: _____
 Approved: _____ Denied: _____ Superintendent Signature: _____ Date: _____