

REQUEST FOR MEETING ATTENDANCE REIMBURSEMENT

Please fill this form out AFTER attending your Professional Leave

Staffs Name _____

Date of Meeting _____

Name of Meeting Attended _____

Reimbursement Requested:

Mileage _____

Registration: (attach receipt if payment needs to be paid) _____

Other: (if approved) _____

Attach the following with this form:

MapQuest (if you did not attach it to your PD form)

All original receipts

Certificate of Attendance

Please return to the District Office. Reimbursement for meeting attendance is paid at the time of payment of bills.

Employee Signature

Date