Appendix B-9
Pro-Tech Professional Development
Conference/Workshop Reimbursement Form

Complete and submit to Human Resources within 30 days from attendance of conference. Failure to timely submit this form may result in denial of reimbursement.

**General Information**
Employee Name ____________________    Date of Request ____________________
Name of Conference ____________________    Location ____________________
Conference Sponsor ____________________    Dates ____________________

**Expenses Submitted for Reimbursement**
Conference Registration Fees

Plane Fare

Auto Mileage ________ miles at _______ = ____________________
(See accounting for mileage rules) (IRS rate)

Meals:  Breakfast ____at $8.00 = _____
Lunch ____at $13.00 = _____
Dinner ____at $25.00 = _____
Total Meals = ____________________

Other (please explain) = ____________________

Did you receive money from any other source (i.e., departmental funds, grants) to pay for this class? If yes, enter source and amount here.
Source ____________________ Amount ____________________

Total expense submitted for reimbursement ____________________
(maximum of $750 per fiscal year)

Attach all related billing statements and receipts. Reimbursement of less than full-time employees is prorated based on their benefit eligibility factor (Art 9, Sec 1).

Employee Signature ____________________ Date ____________________

*I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.*

Supervisor Signature ____________________ Date ____________________

**For Human Resources / Accounting Use Only**
Reimbursement Approved? Yes____ No____
Amount Reimbursed ____________________ Amount Un-reimbursed ____________________
Datatel Requisition # ____________________
HR Approval ____________________ Date ____________________