

Professional & Technical - 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 Fair _____

Auto Mileage _____ miles at _____ = _____
(See accounting for mileage rules) (IRS rate)

Meals: Breakfast ____ at \$5.00 = _____

Lunch ____ at \$8.00 = _____

Dinner ____ at \$15.00 = _____

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 _____