

**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 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 \$400 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 \_\_\_\_\_