

Maintenance & Operations Conference/Workshop Reimbursement Form

Complete and submit to Human Resources within 30 days from attendance of conference. Failure to timely submit this form will result in denial of reimbursement. Please refer to the CBA for complete guidelines.

General Information

Employee Name _____

Date of Conference/workshop _____

Name of Conference _____ Location _____

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 sources (i.e., departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ Amount _____

Total expense submitted for reimbursement _____
(maximum of \$400 per fiscal year)

Attach all related billing statements and receipts.

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 _____ Datatel Requisition # _____

Amount Reimbursed _____ Amount Un-reimbursed _____

HR Approval _____ Date _____