

HINSDALE SCHOOL DISTRICT
Staff Development/Mileage Reimbursement Request Form

Payable to: _____

To receive staff development reimbursement, an employee must submit to his or her supervisor for approval.

The form below must contain the following information:

A copy of all receipts requesting reimbursement for and a copy of your verification of completion of the course.

Example:

<i>Date(s)</i>			<i>Total</i>	<i>Course</i>	<i>Meals</i>
<i>Traveled</i>	<i>Destination</i>	<i>Purpose</i>	<i>Miles/trip</i>	<i>Fee</i>	<i>Lodging</i>
1/15/2016	Concord NH	Training	141	\$ 50.00	\$ 152.93

Date(s) Traveled	Destination	Purpose	Total Miles/trip	Total Course	Total Meals/ Lodging

TOTAL MILES =	0		
multiply by mileage reimbursement rate of .67 cents/mile =	\$0.00	\$ -	\$ -

Tolls, Parking Fees, Etc. _____

Total to be Reimbursed: \$0.00

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Account Number _____