

MAINE SCHOOL ADMINISTRATIVE DISTRICT #49

REQUEST FOR REIMBURSEMENT OF PROFESSIONAL LEAVE OR COURSE EXPENSES

In order to receive reimbursement, a Professional Leave Request form or Course Approval form must have been approved by the Superintendent before the activity took place. Please submit this request for reimbursement to Bookkeeping promptly after activity or course has been attended and completed. *Please Print*

Person to Reimburse: _____ Position: _____

School: _____

Professional Leave

For Reimbursement of Expenses incurred for attendance at the following **seminar/conference/meeting**:

Name of Conference: _____

held in _____
City State

Date(s) of Attendance:

List expense total below. Receipts or cancelled checks must be provided for all expenses except mileage reimbursement. For Conference or Seminar reimbursement please provide a copy of the certificate of attendance usually passed out or if none was given provide a copy of the agenda/handout that would have been passed out at the conference/seminar.

Mileage: _____ X \$ _____ = \$ _____
#miles Mileage Reimbursement Rate

Plus other expenses (receipts attached) \$ _____

Total Reimbursement Requested: \$ _____

Course

For Reimbursement of Course Expenses for the following course:

Title/Name of Course: _____

Course Number (i.e. EDU345): _____

Course start & end dates:

(A copy or your **grade** and **receipts** must be attached):

Course/Tuition Expense \$ _____

Plus Book Expense \$ _____

Total Reimbursement Requested: \$ _____

Failure to provide receipts will result in non-reimbursement.

Signature: _____ Date: _____ Rev. 02/2006