

WORKSHOP REIMBURSEMENT FORM
TROY SCHOOL DISTRICT NO. 287

Employee Name _____

Budget Code: _____

Date of Request _____/_____/_____

Approved Amount: \$ _____

Vendor No. _____

AP Date _____/_____/_____

Title of Workshop: _____

Date(s) of Attendance: _____/_____/_____ to _____/_____/_____

Location: _____, State _____

Registration Fee: \$ _____ Per Diem (Hours Gone x \$1.00): _____

Total Miles Round Trip: _____ Lodging Costs: \$ _____

Attach a copy of the Workshop registration and all expenses incurred.

Supervisor Signature _____

Superintendent Signature _____

TEA President Signature _____

NOTE: This form is to be used only for workshops reimbursed by the TEA Workshop Fund as per the negotiated agreement. (\$300.00 maximum available per certified employee.)