

Liberty Center School District

Professional Meeting Reimbursement Form

Top portion to be completed and approved prior to any attendance at a professional meeting when requesting payment or reimbursement for registration, mileage, parking, or meals. If travel expenses should be charged to an account other than your regular travel account, please indicate specific account to be charged on the Account Number line. Indicate in meeting description if it is self or district requested. Itemized receipts are required. There is no meal reimbursement for day meetings. When reserving a hotel room, use a personal credit card to hold the reservation and use the school credit card to pay for it. This form is not for college coursework reimbursement. Please contact your supervisor or the Treasurer's Office with questions.

Name of Meeting: _____

Meeting Location: _____ Date of Meeting: _____

Substitute Needed: Yes: No: Time of Meeting: _____

Brief Description of Meeting: _____

Self Requested:

District Requested:

Estimated Expenses:

Mileage:	<input type="text"/>	Miles _____ @ _____ per mile
Meals:	<input type="text"/>	(or Athletic clinics @ \$0.32 per mile)
Lodging:	<input type="text"/>	Number of nights: _____
Registration:	<input type="text"/>	
Other:	<input type="text"/>	Explain: _____
Total:	<input type="text"/>	

Printed Name	Date
Signature	Date
Principal/Supervisor Signature	Date
Account Number/Purchase Order Number	

Vendor requires check in advance: Self register:

This meeting will be used to meet the academic coursework requirement of the Reduction in Force language in Article 5, G.

Yes: No:

If yes, coursework applies to: _____

Bottom portion to be completed after travel. Attach all original, itemized receipts. Return within 30 days of the date of travel to receive reimbursement. Reimbursement requests after 30 days will be subject to available funds. Use the roundtrip mileage chart to calculate miles.

Actual Expenses:

Mileage:	Actual miles _____ @ \$0.56 per mile	<input type="text"/>	District Paid: <input type="checkbox"/>	Reimburse Employee: <input type="checkbox"/>
Meals:		<input type="text"/>	District Paid: <input type="checkbox"/>	Reimburse Employee: <input type="checkbox"/>
Lodging:		<input type="text"/>	District Paid: <input type="checkbox"/>	Reimburse Employee: <input type="checkbox"/>
Registration:		<input type="text"/>	District Paid: <input type="checkbox"/>	Reimburse Employee: <input type="checkbox"/>
Other:		<input type="text"/>	District Paid: <input type="checkbox"/>	Reimburse Employee: <input type="checkbox"/>
Total Actual Expenses:		<input type="text"/>		
Total Amount Requested for Reimbursement:		<input type="text"/>		

Maximum total reimbursement per year for LCCTA is \$500.

Employee Signature Date:

For Treasurer's Office use only

Reimbursement approved for a total of \$ _____

Treasurer's Signature Date: