

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

Course

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

For Reimbursement of Course Expenses for the following course:

Name of Conference: _____

Title/Name of Course: _____

held in _____
City State

Course Number (i.e. EDU345): _____

Date(s) of Attendance:

Course start & end dates:

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.

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

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

Course/Tuition Expense \$ _____

Plus other expenses (receipts attached) \$ _____

Plus Book Expense \$ _____

Total Reimbursement Requested: \$ _____

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Failure to provide receipts will result in non-reimbursement.

Signature: _____ Date: _____ Rev. 02/2006