PROFESSIONAL IMPROVEMENT STIPEND
REIMBURSEMENT FORM

****

Submit this form for reimbursement to the Superintendent's Office.

***PLEASE SUBMIT RECEIPTS ALONG WITH THIS FORM FOR REIMBURSEMENT.**

NAME:_____ BUILDING:_____

ADDRESS:_____

AMOUNT PROJECT WAS APPROVED FOR: $_____

NAME OF PROJECT:_____

WAS THERE A SUBSTITUTE HIRED? _____YES _____ NO

NAME OF SUBSTITUTE:_____

DATES SUBSTITUTE WAS HIRED TO COVER YOUR CLASS:_____

COMPUTATION: ***RECEIPTS FOR ALL EXPENSES CLAIMED ARE REQUIRED. PLEASE ATTACH THEM TO THIS FORM FOR REIMBURSEMENT!***

MILEAGE: _____ @ Current Federal Rate = $_____._____

*OTHER TRANSPORTATION (state what kind) = $_____._____

*REGISTRATION FEE = $_____._____

MEALS: ***PLEASE INDICATE ON YOUR MEAL RECEIPTS WHICH ARE FOR BREAKFAST, LUNCH OR DINNER!***

*BREAKFAST _____ (HOW MANY?)
BREAKFAST MAXIMUM: $7.00 EACH) = $_____._____

*LUNCHES _____ (HOW MANY?)
LUNCH MAXIMUM: $9.00 EACH) = $_____._____

*DINNERS _____ (HOW MANY?)
DINNER MAXIMUM: $15.00 EACH = $_____._____

OTHER: ***PLEASE ITEMIZE***
_____ = $_____._____

_____

_____

TOTAL REIMBURSEMENT CLAIMED:_____

If the reimbursement represents a difference of more than $10.00 from your original budget proposal, please indicate the reason for the difference:_____

_____

YOUR SIGNATURE:_____ DATE: _____

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