Travel Expenses (Conference/Workshop or University Course) Paid for Utilizing Tuition Dollars Available per Union Contract or Handbook

Steps to Follow

EMPLOYEE

YOU are responsible for registering and paying all expenses.

- Complete "Section I" of Colchester School District's **Professional Development Approval for Reimbursement or Credit Only Form** (these forms are available in each of the schools).
 - Attach workshop/conference/course syllabus.
- Send all documents to Human Resources (C.O.).

HUMAN RESOURCES

H.R. staff will verify availability of funds. If funds are available, H.R. will forward the form to the Superintendent for approval. Following approval, the yellow/pink copies of the **Professional Development Approval for Reimbursement or Credit Only Form** will be returned to the employee with the Superintendent's signature.

FOLLOWING COMPLETION OF WORKSHOP/CONFERENCE/COURSE EMPLOYEE

- Return the yellow/pink copies of the **Professional Development Approval for Reimbursement or Credit Only Form** to Human Resources (C.O.).
 - Attach your grade report or certification of completion.
 - Attach a copy of the invoice with proof of payment.
 - If applicable, submit pre-approved travel expenses utilizing the Travel Reimbursement Request Form along with itemized receipts.
- Send to Human Resources (C.O.).

HUMAN RESOURCES

Once all required documentation is received, H.R. staff will submit to Accounts Payable for processing.

ACCOUNTS PAYABLE

Accounts Payable staff will process the request and send the reimbursement check to employee.



Colchester School District

Travel Reimbursement Request

Name of Employee: Date(s) of Event:		Date:						
	on/Purpose:							
Expen	ises							
	Meals			Lodging		Miscellaneous		
Date	Breakfast	Lunch	Dinner	Place	Amount	Item	Amount	
Total:	\$	\$	\$	Total: \$		Total: \$		
Milea	ge - (Priv	ate V	ehicle)					
Date	Destina			tion		Miles Traveled	Mileage	
Date	То			From		willes Traveled	Reimbursement	
II	IDC					Mileage Totale		
Use current IRS reimbursement rate				Mileage Total: Travel Expense Total:				
				Reir		ent Requested:	<u> </u>	
						1	T	
Employe	e's Signature	:				Date	:	
Administ	rator/Superv	risor's Sig	nature:			Date:_		
	Mool D	oimburgo	ment Limits:	Breakfast:		\$10.00		
	wieai K	eminurse.	nent Liints:	Lunch:		15.00		
				Dinner: Total Daily	:	30.00 \$55.00		