

**Monadnock Regional School District  
Professional Development Reimbursement**

Name \_\_\_\_\_ School/Position \_\_\_\_\_ Date \_\_\_\_\_

**Proof of payment and attendance must be included for reimbursement to be processed**

**Support Staff seeking prepayment - please attach requisition**

Items for Reimbursement	Expense
Name and Dates of Workshop/Conference:	
Mileage: Miles traveled _____ @ <b>0.575</b> per mile Please subtract daily commute if applicable ( <b>please attach google map of trip</b> )	
Meals (original itemized receipts required)	
Lodging (bill required showing payment)	
Other: (receipts required showing payment)	
<b>Total:</b>	

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SAU Office use only**

Amount approved: _____
Charge to account number: _____
Dir. Curr, Inst, Assmt signature: _____ Date _____
Business Administrator signature: _____ Date _____