

# PROFESSIONAL DEVELOPMENT TRAVEL REIMBURSEMENT CLAIM

8/05

*Hopkins County Board of Education*

*Please note that all information must be complete before reimbursement can be processed.*

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TYPE OF TRAVEL \_\_\_\_\_  
 \_\_\_\_\_ SCHOOL \_\_\_\_\_  
 POSITION \_\_\_\_\_ DISTRICT \_\_\_\_\_  
 C.O. or SCHOOL P.D. (Circle one)

NAME OF MEETING/CONFERENCE \_\_\_\_\_

**A. TRAVEL EXPENSES FOR APPROVED CONFERENCES/MEETINGS\***

DATE	LOCATION	MEALS*			DAILY MEAL TOTAL	ROOM**	REG FEE	TOTAL
		B	L	D				

*\*Meals per diem—No Receipts    \*\*Room—Original Receipt*      TOTAL A

**B. MILEAGE TO APPROVED CONFERENCES/MEETINGS**

DATE	FROM..... TO.....	# MILES	X \$. ____ *	PARKING/ TOLLS	TOTAL

*\*District's approved reimbursement rate.    \*No gas reimbursed—only mileage*      TOTAL B

SIGNATURE \_\_\_\_\_

APPROVING SIGNATURE \_\_\_\_\_

CENTRAL OFFICE SIGNATURE \_\_\_\_\_

GRAND TOTAL