

OYSTER RIVER COOPERATIVE SCHOOL DISTRICT

PROFESSIONAL GROWTH REQUEST FOR ACTIVITY FUNDING/REIMBURSEMENT FORM

This form valid January 1, 2023

THIS REQUEST IS FOR: (check one) [] PREPAYMENT [] REIMBURSEMENT

Instructions for Prepayment

Instructions for Reimbursement

- 1. Have your supervisor sign pre-approval for this activity below on this form.
2. Submit this completed form to the SAU#5 business office two weeks prior to the activity.
3. Only registration fees may be prepaid.
4. Include registration form for activity with this prepayment request.

- 1. Submit this completed form to the SAU#5 business office no later than 30 days after completion of activity.
2. Print and attach completed Professional Growth Activity form from MLP.
3. Include all receipts for registration and/or expenditures.

Staff Member: _____ School: _____

Is this counted toward your \$400 staff development activity fund: _____

Activity: _____

Location of Activity: _____ Date(s): ____/____/____ to ____/____/____

Supervisor's Signature: _____ Date ____/____/____
(Pre-approval of Supervisor required for prepayment only.)

1. Registration Fee(s): Please attach registration form (prepayment) or receipt (reimbursement). \$ _____

2. Other Approved Expenses (Receipts must be attached)

Food: Allowable Expense of \$54.00 per Day
x number of days _____ \$ _____

Below Listed Expenses Require Prior Approval:

- a) Lodging \$ _____
b) Materials \$ _____
c) Other (specify): _____ \$ _____
(Subtotal of a,b,c) \$ _____

3. Transportation (Mileage - IRS rates effective 1-1-23): Please attach proof of mileage.

Total _____ miles @ .655¢/mi \$ _____

Tolls (receipts must be attached) \$ _____

Subtotal \$ _____
TOTAL REQUESTED \$ _____

Staff Signature: _____ Date: ____/____/____

SAU Approval: _____ Date: ____/____/____ Receipts: _____

PLEASE MAKE AND RETAIN A COPY OF ALL DOCUMENTATION SUBMITTED