EEA-PROFESSIONAL DEVELOPMENT

Reimbursement-Tuition/Travel

All EEA members shall be reimbursed by the District for successful completion of academic classes, clock hour courses, workshops, conferences, or to pay for professional recertification and/or licensure.

Qualifications:	All EEA members						
Upon Completion:	Submit the following along with this form:						
	Transcript or grade report						
	 Receipt for professional recertification and/or licensure 						
	National Board certification/recertification document/receipt						
	 Receipt or proof of payment for course(s) taken 						
	 Receipt(s) for lodging and/or meals. 						
	Calculated Mileage						
	Reimbursement Form						
Reimbursement:	Reimbursement checks will be issued twice a month based on the district's						
	Accounts Payable reimbursement schedule.						
Name (please print):							
Location of Assignment:							

Professional Development Information

Name of Course				
Completed or Professional				
Development:				
College/University or				
Provider:				
Dates of Attendance:				
Travel Expenses:	See Tr	avel Expense Voucher on reverse side.		
Total Cost:				
Number of Credits/CECH:				
I certify that:	1.	I have submitted all required paperwork	k as required	above.
	2.	I request reimbursement for the cost of	professional o	development as
		outlined above.		
Employee Signature:			Date:	
Human Resources Approval:			Date:	
Amount Reimbursed:			Date:	

EASTMONT SCHOOL DISTRICT TRAVEL EXPENSE VOUCHER

							INAV	EL EXPEN	SE VOUCE	IEK					
NAME OF	IAME OF CLAIMANT			MONTHYEAR OFFICIAL RESIDENCE					OFFICIAL WORK STATION						
	SECTION 1: TRIP INFORMATION			SE	CTION 2:	East Wenalchee MEALS AND LODGING REIMB			SECTION		GE REIMB				
	LOCATION TRIPTIME			AL ENTIT				CECTION	I						
	TAIT TIME			T EIX MIL	AL LIVIII	C.C.M.C.IVI									
											REIM-				
					BREAK-			LODGING	LODGING	MILES	BURSE- MENT	MILEAGE	GRAND		PPSS-AA-O1BB-
DATE	FROM	то	DEPART	RETURN	FAST	LUNCH	DINNER	PO#	INCURRED	DRIVEN	RATE	REIMB	TOTAL	PURPOSE OF TRIP	LLI-NNNN
	East Wenatchee										0.580	0.00	0.00		
											0.580	0.00	0.00		
											0.590	0.00	0.00		
											0.580	0.00	0.00	,	
											0.580	0.00	0.00		
											0.580	0.00	0.00		
											0.580	0.00	0.00		
											0.580	0.00	0.00		
											0.580	0.00	0.00		
												Sub-Total	0.00		
											Ott	her (Sect 4)	0.00		
											Less Advi	ance Travel		Claims invloving Advance Travel are	
												TOTAL	0.00	due 10 working days following the end of the trip.	
					PLEASE (OMPLET	E REVERS	SE SIDE IF YO	U ATTENDE	A CONFE	RENCE	101714	0.00	and of the trip:	
	SECTION 4:	DETAIL OF OTHER	REXPENSE		1				val for Travel			el Requesti	f one was	completed)	
DATE		DESCRIPTION		AMOUNT										separture time; and the return time.	
					If the trip	terminate	s on a date	e different the	in the departs	ure date, co	emplete th	e return tin	ne only on	the date actual returned.	
					SECTION	2: Meals	and Lodoi	ng-A set amo	unt may be o	laimed for I	breakfast	lunch, and	dinner wh	en the employee is in a travel status	
	3													meal period and actually incurs	
														12:00 p.m1:00 p.m.; Dinner 6:00	
														simbursement. Actual lodging costs ag costs that exceed the State	
														the Eastmont School District.	
Subtotal				0.00										imed by reporting the miles driven.	
						en multip	lied by the	reimbursem	ent rate shou	ld be entere	ed in the n	nileage rein	nbursemer	nt column of this section.	
	ertify under penalty					4: Other	Evenence P	leimhure em e	nt for other s	atherined as		alata de aba		y be claimed by completing the Detail	
by me on I	he account thereof.	by the and that no p	ayment nes o	sen received					in this sectio						or Other
SIGNATU	RE OF EMPLOYEE				Grand Tot	al: The to	otal of the	reimbursable	expenses for	each day a	re reporte	d in this co	lumn. Tot	al reimbursed will be less any advance	travel received.
APPROVE	D BY (SUPERVISO	OR)			DATE			OTHER EXPL	ANATION/CO	MMENTS:					

CONFERENCE/REGISTRATION INFORMATION

Meals I Sun	ncluded in Mon	Registratio Tues	on (use B, L, o Wed	or D to identify	y meal provi	ided) Sat
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
+-	_					
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