

**WASHINGTON CO BOARD OF EDUCATION**  
**Travel Reimbursement**

**Employee Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Professional Development Activity:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Date of Travel:** \_\_\_\_\_

**Actual Expenses:** (Itemized receipts, not credit card receipt, from restaurant/hotel must be attached to reimbursement from before payment can be made.)

Meals.....	\$ _____
Mileage: _____ miles x .56/mile.....	\$ _____
Parking .....	\$ _____
Lodging: _____ nights @ \$ _____/night.....	\$ _____
Other (Explain): _____	\$ _____
<b>TOTAL</b>	\$ _____

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Notes: Conference documentation (agenda, certificate, etc.) must be attached to reimbursement form. Meal reimbursements: \$25/day maximum (one day workshop) and \$50 per day maximum (overnight conference). MUST include itemized hotel and food receipts. Gratuities not reimbursed. Valet Parking not reimbursed. Room service fees not reimbursed (must have itemized receipts).

**ACIP Goal #** \_\_\_\_\_ **Activity #** \_\_\_\_\_

**ACIP Goal Not Applicable** \_\_\_\_\_

Expenses to be paid from:

_____ State Professional Development	_____ Indian Education
_____ Rural Schools (Title VI)	_____ ARI (Alabama Reading Initiative)
_____ Title I	_____ Title II
_____ 21 <sup>st</sup> CCLC	_____ Career Technical

Federal Programs Coordinator \_\_\_\_\_ SPE Coordinator \_\_\_\_\_ General \_\_\_\_\_

Federal Programs Bookkeeper \_\_\_\_\_ Funding Code: \_\_\_\_\_

**PDL Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Superintendent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

