

Warrensville Heights City School District

4500 Warrensville Center Road
 Warrensville Heights, OH 44128
 (216) 295-7710
www.warrensville.k12.oh.us



PROFESSIONAL DEVELOPMENT EXPENSE REIMBURSEMENT FORM

Employee Name:		School/Department:		Date of Submission	
Position:		Email Address:		Phone Number:	
Conference/Meeting		Location:		Date(s):	
MILEAGE (from and to primary work site)					
Date	From		To		Miles
				Total mileage	
Total number of miles					@.58/mile =
EXPENSES					
Registration	\$ _____	Hotel	\$ _____	Total	\$ _____
Membership	\$ _____	*Meal(s)	\$ _____	(Total of Registration, Membership, Other, Hotel, Meals and Mileage)	
Other (specify)	\$ _____	Mileage	\$ _____		
		*Meal(s) maximum \$50/day			
Principal/Supervisor Approval:		Director Approval (if applicable)		Superintendent Approval	
Signature		Signature		Signature	
Print Name		Print Name		Print Name	
Fund/Budget Name:			Fund/Budget Code:		

Submit with a copy of the Employee Absence and Attendance Variation Form, proof of participation in the event (**agenda or certificate**) and **original receipts**. Receipts must **itemize** what was purchased. Credit card receipts or statement are not acceptable for reimbursement

SUBMIT NO MORE THAN 14 DAYS AFTER EVENT:

**Professional Development Requests
 Room 105, Administration Building**

Receipt Date: _____