



Genesee Education Consultant Services

Tracking Number: \_\_\_\_\_

**CONFERENCE/STAFF DEVELOPMENT/MEETING EXPENSE REIMBURSEMENT REQUEST**

Name \_\_\_\_\_ District \_\_\_\_\_

Name of Activity: \_\_\_\_\_

Dates(s) \_\_\_\_\_ Location \_\_\_\_\_

Department/Program \_\_\_\_\_ Contact Person \_\_\_\_\_

	Prepaid Yes/No	Month/Day								Total Expenses
Lodging*										\$
Registration Fees*										\$
Air Fare/Train*										\$
Breakfast \$10.00										\$
Lunch \$15.00										\$
Dinner \$25.00										\$
Parking										\$
Taxi/Bus Fares										\$
Baggage Tips										\$
Transportation***	Number of miles driven				X	\$0.535				\$
Other (give detail)*:										\$

- ✓ Detailed receipts must be attached for all expenses, including detailed hotel folio.
- ✓ Expenditures not pre-approved and costs exceeding the approved request may not be reimbursed.

\*\*\* Attach a copy of your car insurance if mileage is being requested.

**Prepaid Vendor Information:**

	Vendor Name	PO #	Amount
*Lodging	_____	_____	_____
*Conference Registration	_____	_____	_____
*Air Fare/Train	_____	_____	_____
*Other:	_____	_____	_____
<b>Total Prepaid Expenses</b>			_____

**Total Conference Expenses \$** \_\_\_\_\_

Office Use Only	
CK #	Date Pd

Less Prepaid Amount \$ \_\_\_\_\_

**Total Reimbursement Requested = \$** \_\_\_\_\_

**Please check all that apply:**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Grant PD Requirement      | <input type="checkbox"/> Grant Funded                             | <input type="checkbox"/> Conference Presenter          | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Certification Requirement | <input type="checkbox"/> Professional Association Responsibility  | <input type="checkbox"/> Other (please explain): _____ |   |
| <input type="checkbox"/> Award Recipient           | <input type="checkbox"/> Shared Services Professional Development |  |   |

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

Signature of Supervisor/Director/Superintendent \_\_\_\_\_

Date Filed \_\_\_\_\_

Date Approved \_\_\_\_\_

Approved weekend conference expenses will be paid. Wages are not paid on weekend conference attendance.

Account# _____	Amt. _____
Account# _____	Amt. _____
Account# _____	Amt. _____
<b>Total</b> _____	

**TO BE COMPLETED BY GECS**

Verified payroll attendance reflects conference attendance

Verified attendance is within conference period

Atn'd. Verified by \_\_\_\_\_

Ins. Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYEE SUPERVISOR**

Verified allowable expenses/appropriate mileage

Verified dates correspond with conference dates

Verified by: \_\_\_\_\_