



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 \$13.00										\$
Lunch \$15.00										\$
Dinner \$26.00										\$
Parking										\$
Taxi/Bus Fares										\$
Baggage Tips										\$
Transportation***	Number of miles driven					X				\$
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:

Total Conference Expenses \$ _____

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

Office Use Only	
CK #	Date Pd

Less Prepaid Amount \$ _____

Total Reimbursement Requested = \$ _____

Please check all that apply:

- Grant PD Requirement
- Grant Funded
- Conference Presenter
- Professional Development
- Certification Requirement
- Professional Association Responsibility
- Other (please explain): _____
- Award Recipient
- 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.	_____
		Total	_____

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: _____