



Date Received: \_\_\_\_\_

# POST- Professional Leave & Travel Reimbursements

## 1 Full Name:

\_\_\_\_\_

Department/Building: \_\_\_\_\_ Date Requested: \_\_\_\_\_

## 2 Conference Information

Conference Title: \_\_\_\_\_

Please attach agenda!!

## #3 REIMBURSEMENT OF EXPENSES AFTER PROFESSIONAL

### LEAVE Documentation--

- Proof of Completion of Course - **if provided**
- Registration Fee (if not Prepaid) \$ \_\_\_\_\_
- Education Mileage (miles \_\_\_\_\_ @ .545 per mile)\* \$ \_\_\_\_\_
- Original Itemized\*\*Receipts REQUIRED for: \_\_\_\_\_

		Pre-Paid	
		Yes	No
Airfare / Bus / Taxi:	\$ _____	Yes	No
Lodging:	\$ _____	Yes	No
Per Diem	\$ _____	Yes	No
Other:	\$ _____	Yes	No
Total Amount Requesting: \$ _____			

\*Proof of Mileage: Mileage printout or similar (i.e.. - From Building Location OR Home, whichever is closer)

\*\*Itemization definition: A listing of each item that is purchased or paid for

## 5 Requestor/Attendee Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Approved Amount \$ \_\_\_\_\_  
Date Approved: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grant Administrator Signature (if Required) \_\_\_\_\_ Date: \_\_\_\_\_

Grant #: \_\_\_\_\_ CFO Intl.'s

GL account Number \_\_\_\_\_