

Greene Sullivan Special Education Cooperative

Professional Development and Travel Cost Payment & Reimbursement

Staff Member: _____ Date Requested: _____

Name of Conference/Meeting: _____

Date(s) of Conference/Meeting: _____

Location: _____

(Building/Hotel/School/Address)

City: _____

Recommended or Requested by: _____

Requested Expenses for Reimbursement (Please Check):

- Mileage
- Parking
- Meals

All Conference/Registration Information MUST Be Attached

Signature: _____ Date: _____

Director of Special Education

- Approved (With Salary)
- Approved (Without Salary)
- NOT APPROVED
- Approved Expenses for Reimbursement:

Conference/Meeting: _____

Mileage: _____

Parking: _____

Meals: _____

- Approval/Denial Email Sent on _____ by: _____

ALL RECEIPTS MUST BE TURNED IN WITH CERTIFICATE OF ATTENDANCE OR OTHER SUPPORTING EVIDENCE FOR REIMBURSEMENT. STAFF MUST MAKE SURE THEIR NAME IS LISTED ON THE RECEIPTS.