

General Personnel

Exhibit – Employee Expense Approval and Reimbursement Form

PROFESSIONAL DEVELOPMENT REQUEST

Name:		Position:		Date Requested:	
Work Site:					
Name of Professional Development Opportunity:					
Date(s)			Location:		

Number of days away from NDSEC assignment: _____ A.M. _____ P.M.

Estimated Expenses (list all you expect to have):

Registration fee – NDSEC please pre-pay \$ _____

Registration fee should be paid to (name & address):	
Complete & attach registration form.	

Mileage (@ current rate) & Tolls \$ _____

Other Travel: _____ \$ _____

Lodging: # of nights: _____ Rate per night: _____ \$ _____

Meals (limit of \$30 per day) \$ _____

Other (specify) _____ \$ _____

TOTAL \$ _____

1. How will this opportunity support your current assignment?

2. What is your pre-plan as to how you will incorporate the new knowledge into your assignment?

3. How will you share this new knowledge with your colleagues?

ADMINISTRATIVE APPROVAL:

Principal/Program Administrator:	Assistant Director:
<input type="checkbox"/> Approve attendance with pay and NDSEC payment/reimbursement of expenses <input type="checkbox"/> Approve attendance without pay but with NDSEC payment/reimbursement of expenses <input type="checkbox"/> Do not approve attendance (written explanation to be given within 14 days of request)	Director of Business & Operations:
Executive Director:	

Paid by: P Card Check Charge to Staff Development a/c# 12-2210-300

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Note: Page 1 and Page 2 should both be submitted with your request for reimbursement.

Name: _____

Name of Professional
Development Opportunity: _____

Date(s) of Attendance: _____

REQUEST FOR REIMBURSEMENT

AS SOON AS POSSIBLE AFTER THE PROFESSIONAL DEVELOPMENT OPPORTUNITY COMPLETE FORM AND SUBMIT TO YOUR SUPERVISOR. (ATTACH RECEIPTS.)

4. In what ways did this activity meet and not meet your expectations?

5. How will you implement this new knowledge? Describe any needs for implementation into your assignment.

6. How will you share this knowledge with your colleagues?

Expenses incurred:	Mileage (number of miles: _____)	\$ _____
	Tolls	\$ _____
	Other Travel (specify): _____	\$ _____
	Lodging	\$ _____
	Meals (limit \$30 per day)	\$ _____
	Other (specify): _____	\$ _____
	TOTAL	\$ _____

Person to receive reimbursement: _____

Signature: _____

Date: _____

Supervisor approval for payment:

Signature: _____

Date: _____

Executive Director's approval for payment:

Signature: _____

Date: _____