

## 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):	
<b>Complete &amp; attach registration form.</b>	

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: \_\_\_\_\_

- Approve attendance with pay and NDSEC payment/reimbursement of expenses
- Approve attendance without pay but with NDSEC payment/reimbursement of expenses
- 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?

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

Person to receive reimbursement: \_\_\_\_\_

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

Supervisor approval for payment:

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

Executive Director's approval for payment:

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