



Culpeper County Public Schools

450 Radio Lane, Culpeper, VA 22701

Professional Development/Conference

Request for Reimbursement Form

Please note that all out-of-town travel/conferences must be pre-approved by your supervisor/principal. All ITEMIZED expenses listed must be employee-covered expenses which have not been covered through purchase orders or school funds. Attach documentation of attendance of the activity. Keep a copy of this form and documentation for your records. Expense allowances are outlined on the following sheet. Meal and other receipts must be originals and **itemized**. A credit card receipt reflecting only the total is insufficient documentation. This request for reimbursement must be pre-approved by your supervisor/principal.

After this form has been reviewed by the school bookkeeper and approved by your supervisor/principal, forward this original, signed request for reimbursement form to Instructional Services Facilitator Bernice Roberts in the Instruction Department if you are being reimbursed directly by the Central Office Instruction Department.

Full Name of Employee:	School or Location:
Home Mailing Address:	Home Telephone/ School Extension:
Conference/Workshop Title:	Conference/Workshop Location (City/State):
Date(s) Attended Conference/Workshop:	Sub's Full Name & Days Worked:

Office Use Purchase Order No.:								Office Use Line Item Number:	Office Use Only	
(See next sheet for details.)	SUN	MON	TUES	WED	THURS	FRI	SAT	Total Meals; (\$40 Day; \$20 Half Days)	Adjustments	Adj. Amounts
Dates(M/D/YY)→								←Dates		
Meals↓								Total Meals↓		
Breakfast (<i>Excluding Tip</i>)										
✓ Breakfast Tip (Not to exceed 15% of breakfast amt.)										
Lunch (<i>Excluding Tip</i>)										
✓ Lunch Tip (Not to exceed 15% of lunch amt.)										
Dinner (<i>Excluding Tip</i>)										
✓ Dinner Tip (Not to exceed 15% of dinner amt.)										
A. TOTAL MEALS & TIPS (Listed Above = or < \$40 for whole day; \$20 for half)										
B. LODGING										
C. REGISTRATION										
D. AIRPORT/PARKING										
E. BAGGAGE TIPS										
F. TOTAL # MILES ___ x .445=___ (Place \$ amount in column.)										
G. TOLLS/TAXI										
H. Other: _____										
TOTAL of Rows A.-H.:										

Participant's Signature and Date:	
Supervisor's/Principal's Signature and Date:	

Culpeper County Public Schools Allowable Conference Expense Guidelines

Note:

Please submit reimbursement on time. Reimbursement requests should be submitted within a month of the activity.

Travel:

Mileage reimbursement is based on the roundtrip distance between the school and the location of the conference. Parking fees, tolls, etc. are reimbursable. The current reimbursement rate is .445 cents per mile. Make sure you set the calculator to 3 decimal places in order to avoid having the .445 round to .45. (Obtain receipts for parking fees.)

Meals:

(Itemized, original receipts are required; a credit card receipt listing only the total is *insufficient*.)

Meals will be reimbursed (including gratuities) at a rate of \$40 per day or \$20 for half days. The allowable gratuity rate is 15 percent. Meal costs must be itemized on an original receipt and **cannot** include alcoholic beverages or meals of non-employees. Conference participants must remember to ask the server for an itemized meal receipt; a credit card receipt listing only the total is *insufficient* documentation. If an employee chooses to tip beyond 15 percent, the employee will be reimbursed up to the 15 percent limit.

Breakfast may be claimed if departing from the home before 6:00 a.m. and dinner if arriving home after 7:00 p.m. Special meals, banquets, etc., are reimbursable at cost if pre-approved and should be itemized on the expense voucher.

Expenses for room service charges related to meals will be at the expense of the employee. The Division will pay for the cost of the meal and a 15 percent tip. It will not cover the room service charge. An exception would be made if there is a prohibitive physical condition/handicap.

Special Fees:

Registration fees and other related expenses must be itemized and documented. If registration includes a luncheon or banquet, do not report it again under the daily meal allowances. Organization membership fees are to be paid by the employee and are not reimbursable.

Conference participants must include a "paid receipt" for these costs along with the request for reimbursement. There must be documentation that the participant paid registration costs. (If a canceled check is submitted, the back of the canceled check must be included.)

Lodging:

Rooms should be shared on a double occupancy whenever possible. If others who are not conference participants share the room, any additional costs are at the expense of the employee. If there are charges to the hotel room that the Division will not cover, mark through those items. The employee should "black out" his/her credit card number if it is listed on receipts.

Receipts:

Hotel invoice (itemized statement), registration fees, itemized meal costs, etc., must be attached and taped on the reimbursement forms provided. Because the forms must be copied at Central Office, employees submitting a request for reimbursement should not use staples or the reverse side of the forms. Charges to the room such as movies, telephone calls, laundry services, etc. are at the expense of the employee.

Baggage/Taxi Tips, etc.:

Receipts for these items should be requested. A reasonable amount will be reimbursed. If the employee chooses to tip beyond what is deemed reasonable by the Director of Finance, the employee will not be reimbursed fully for this expense.

Evaluation Report:

Participants must include a completed feedback report along with the request for reimbursement. The form needs to be signed by the participant and the principal before reimbursement is approved. Documentation of attendance must be attached to the reimbursement.

ITEMIZED RECEIPTS IN CHRONOLOGICAL ORDER

Participant's Full Name:

Conference/Workshop Title:

Please TAPE itemized receipts to this sheet, making sure receipts do not overlap and totals can be easily read. Do not use reverse side of this sheet; use an additional sheet if needed for receipts. For your privacy, please mark through credit/debit card numbers, etc.

PLEASE DO NOT USE STAPLES OR OVERLAP INVOICES.

**Culpeper County Public Schools
Conference/Activity Evaluation Form**

Complete this form and submit along with your request for reimbursement. This form must be attached and signed by your supervisor/principal before reimbursement can be processed. Please note that proof of attendance must be attached to this reimbursement.

Full Name of Employee:		School or Location:	
Conference/Activity Title:		Home Telephone/ School Extension:	
Conference/Workshop Location (City/State):		School E-Mail Address:	

This conference/activity related to Division and/or school improvement objective Number(s): (See School Board Division Goals following this form.)

Division Goal #(s):		School Goal or Objective #(s):	
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This activity related to my individual professional development growth or goals as follows:

Key "take away" points from this conference/activity that I will be sharing with my colleagues:

I will be sharing information from this activity with my colleagues through (team/grade level meetings, etc):

Additional comments/information:

Would you recommend this professional development activity to others?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Check the documentation of attendance attached to this reimbursement request:	<input type="checkbox"/>	Copy of Program Cover/Agenda	<input type="checkbox"/>	Certificate of Attendance

Date:		Participant's Signature:	
Date:		Principal's/Supervisor's Signature:	

Culpeper County School Board Goals

- (1) All schools will maintain state and federal accreditations.
 - (2) We will implement/expand high quality instruction programs to ensure student can maximize their potential.
 - (3) We will establish common high standards and create a shared vision of quality instruction.
 - (4) Establish mechanisms for high quality and timely communication at all levels.
 - (5) We will develop and maintain a safe and secure learning environment.
 - (6) We will collect and analyze data that links the effect of facilities on quality instruction and student outcomes.
- Rev.7/06

