## Professional Development - Expense Worksheet STAFF MEMBER

Title of Training Event:			Meal Reimbursement Rate	
			(if applicable to this event)	
Location (City & State):	Check box if MLC trainir	g 🗌	Click here to check state mileage and meal reimbursement rates - D	_

			Travel - N	/lileage			Travel -	Meals		Other Costs
Date	Registration	Miles	Rate	Cost	Lodging	Breakfast	Lunch	Dinner	Total Cost	must show justification
TOTALS (to carry over)										

## **Worksheet Instructions**

- Must be filled out electronically
- A separate worksheet must be filled out for each event, one (1) event per worksheet.
- A separate worksheet must be filled out for each staff member.
- For the current state rates, use the DFA website link above.
- Carry worksheet TOTALS over to the Reimbursement Request Form.
- Worksheet must be signed by the staff member attending the event.
- Print out the completed worksheet.
- Attach/Include all applicable documentation with the Reimbursement Request form
  - o for registration/attendance = registration form/receipt (itemized) and an agenda
  - o for travel-mileage = documentation of miles traveled (Google Map print out)
  - o for lodging = invoice/receipt (itemized)
  - for other costs = invoice/receipt (itemized) and written justification

expenses for the period	ormation and amounts claimed by me for travel indicated are true and accurate in all aspects, and
that payment for any par	t has not been received.
Signature, Staff Memb	er Attending Event
olgilature, otali Merib	er Attending Event
Print Name	
	$\neg$
Date	