OYSTER RIVER COOPERATIVE SCHOOL DISTRICT

PROFESSIONAL GROWTH REQUEST FOR ACTIVITY FUNDING/REIMBURSEMENT FORM

This form valid January 1, 2024

THIS REQUEST IS FOR: (check one) 🗌 PREPAYMENT 🗌 REIMBURSEMENT		
Instructions for Prepayment	Instructions for Reimbursement	
 Have your supervisor sign pre-approval for this activity below on this form. Submit this completed form to the SAU#5 business office two weeks prior to the activity. Only registration fees may be prepaid. Include registration form for activity with this prepayment request. 	 Submit this completed form to the SAU#5 business office no later than 30 days after completion of activity. Print and attach completed Professional Growth Activity form from MLP. Include all receipts for registration and/or expenditures. 	

Staff Member:		School:				
Is this counted toward your \$400 staff development activity fund:						
Activity:						
Location of Activity:	Date(s):	_/	_/	_ to	_/	_/
Supervisor's Signature: Date/ (Pre-approval of Supervisor required for prepayment only.)						
1. Registration Fee(s): Please attach registration form (prepayment) or receipt (reimbursement). \$						

2. Other Approved Expenses (Receipts must be attached)

Food:	Allowable Expense of \$54.00 per Day x number of days	\$
w Listad	Expanses Require Drier Approval:	

Below Listed Expenses Require Prior App	roval:

a)	Loaging
L- \	Mataniala

b) Materials	\$
c) Other (specify):	\$

3. Transportation (Mileage – IRS rates effective 1-1-24): Please attach proof of mileage.

(Subtotal of a,b,c)

Total mile	es @ .67¢/mi	\$
Tolls (receipts n	nust be attached)	\$
		Subtotal \$ TOTAL REQUESTED \$
Staff Signature:		Date://
SAU Approval:		Date:/ Receipts:

\$

\$

PLEASE MAKE AND RETAIN A COPY OF ALL DOCUMENTATION SUBMITTED