OYSTER RIVER COOPERATIVE SCHOOL DISTRICT
PROFESSIONAL GROWTH REQUEST FOR ACTIVITY FUNDING/REIMBURSEMENT FORM

This form valid January 1, 2021

THIS REQUEST IS FOR: (check one) □ PREPAYMENT □ REIMBURSEMENT

Instructions for Prepayment

1. Have your supervisor sign pre-approval for this activity below on this form.
2. Submit this completed form to the SAU#5 business office two weeks prior to the activity.
3. Only registration fees may be prepaid.
4. Include registration form for activity with this prepayment request.

Instructions for Reimbursement

1. Submit this completed form to the SAU#5 business office no later than 30 days after completion of activity.
2. Print and attach completed Professional Growth Activity form from MLP.
3. Include all receipts for registration and/or expenditures.

Staff Member: ________________________________ School: ________________________________

Is this counted toward your $400 (7-1-20) 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 _______ $____

Below Listed Expenses Require Prior Approval:

   a) Lodging $____
   b) Materials $____
   c) Other (specify): __________________________ $____

(Subtotal of a,b,c) $____

3. Transportation (Mileage – IRS rates effective 1-1-21): Please attach proof of mileage.

   Total _____ miles @ .56¢/mi $____
   Tolls (receipts must be attached) $____

   Subtotal $____

TOTAL REQUESTED $____

Staff Signature: ___________________________ Date: ____/____/____

SAU Approval: ___________________________ Date: ____/____/____ Receipts: _____

PLEASE MAKE AND RETAIN A COPY OF ALL DOCUMENTATION SUBMITTED