

(NOTE: This form must be filled out completely and submitted with receipts before reimbursement will be issued.)

Name: _____

SUMMARY OF STAFF DEVELOPMENT ACTIVITY

Summary and evaluation of development activity: _____

FINAL ITEMIZED COSTS

Original receipts for all expenses excluding mileage, and this completed form is be submitted to Mike Noble for reimbursement. EVIDENCE OF PAYMENT (CANCELLED CHECK, COPY OF CREDIT CARD CHARGE, RECEIPT, ETC. FOR THE REGISTRATION FEE) MUST BE PROVIDED.

Expenses Shared with: _____

| | | |
|-------------------|----------|----------------------------|
| Registration Fee: | \$ _____ | _____ |
| Mileage | \$ _____ | _____ miles X \$.50 _____ |
| Accommodations | \$ _____ | _____ |
| Meals | \$ _____ | _____ |
| Stipend | \$ _____ | _____ |

Total: \$ _____

Staff Member Signature: _____

NOTE:

- * **Attach a copy of the brochure for the activity or a copy of the agenda**
- * The OCEC reserves the right to limit or decline to reimburse for any specific costs.
- * **NO RECEIPT(S) = NO REIMBURSEMENT.**
- * Toll fees are not reimbursed except when you are using an OCEC owned vehicle.
- * Tips are not reimbursed.
- * Alcoholic beverage costs are not reimbursed.
- * Maximum reimbursement for mileage cost may be limited.
- * The stipend is paid only if the development activity occurs on a non-working day. Advance approval from the Inservice Coordinator is required.

Director Approval for Reimbursement

Date