



# Garfield Heights City Schools Teaching & Learning

5640 Briarcliff Dr., Garfield Heights, OH 44125

## *Request for Reimbursement for Professional Leave*

### **Travel Expense Report**

(Attach Bills and Itemized Receipts and return with Professional Leave Follow-Up Form)

Employee: \_\_\_\_\_ School: \_\_\_\_\_

Date: \_\_\_\_\_ Account Charged: \_\_\_\_\_

Destination: \_\_\_\_\_ Left (Date): \_\_\_\_\_

Reason: \_\_\_\_\_ Returned (Date): \_\_\_\_\_

Sponsor: \_\_\_\_\_ Duration: \_\_\_\_\_ Number of Days: \_\_\_\_\_

### **Expenditure**

Use of own automobile \_\_\_\_\_ miles @ \_\_\_\_\_ cents per mile \$ \_\_\_\_\_  
(Attach MapQuest or other documentation)

Toll charges, garage parking, taxis, limousines, etc. \$ \_\_\_\_\_

Air travel expense \$ \_\_\_\_\_

Miscellaneous costs (specify) \_\_\_\_\_ \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Registration fee(s) \$ \_\_\_\_\_

Meals (maximum \$50 per day) Number of days: \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL ACTUAL EXPENSE: \$ \_\_\_\_\_

MAXIMUM AUTHORIZED EXPENSE: \$ \_\_\_\_\_

**NO PAYMENTS WILL BE MADE WITHOUT PAID RECEIPTS AND PROFESSIONAL LEAVE FOLLOW-UP FORM**

Was this expense previously authorized by Application for Professional Leave? \_\_\_ Yes \_\_\_ No

I hereby certify that this is the actual expense incurred and was accomplished in accordance with the travel authorization and the information shown hereon is correct.

Request for Reimbursement Form for Professional Leave Follow-Up Form must be received within 15 days of taken leave.

**X** \_\_\_\_\_  
*Applicant's Signature*

**X** \_\_\_\_\_  
*Principal's Signature*

**X** \_\_\_\_\_  
*District Designee, title*

Copies to: Coordinator of Teaching and Learning

Accounts Payable

Applicant