



Professional Leave Reimbursement Form



Please fill out "ESTIMATED EXPENSES" and attach to your requisition. The Treasurer's Office will return this form and it will be attached to your purchase order copy for your "Ok to pay". **Please include and attach "Mapquest" or "Google Maps" to track the miles traveled.**

ESTIMATED EXPENSES:

NAME: _____

LOCATION: _____

DATE(S): _____

PURPOSE: _____

MILES: _____ X \$0.545 = \$ _____

MEALS - \$36.00/DAY (IF OVER-NIGHT) \$ _____

LODGING \$ _____

REGISTRATION \$ _____

TOLLS / PARKING \$ _____

ESTIMATED TOTAL = \$ _____

ACTUAL EXPENSES – MUST HAVE ITEMIZED ORIGINAL RECEIPT (NOT JUST THE TOTAL).

MILES: _____ X \$0.545 = \$ _____

MEALS - \$36.00/DAY (IF OVER-NIGHT) \$ _____

LODGING \$ _____

REGISTRATION \$ _____

TOLLS / PARKING \$ _____

ACTUAL TOTAL = \$ _____

EMPLOYEE SIGNATURE _____ (must sign)

SUPERVISOR SIGNATURE _____ Date _____

Return to Treasurer's Office