

**Kenyon-Wanamingo Schools**  
**Staff Development Expense Reimbursement Claim Form**

Name \_\_\_\_\_ Site: HS \_\_\_ MS \_\_\_ Elem \_\_\_

Name of Workshop \_\_\_\_\_

Date(s) of Workshop \_\_\_\_\_

\$ \_\_\_\_\_ Registration fee\* (only if not pre-paid)

\$ \_\_\_\_\_ Transportation: ( \_\_\_\_\_ miles @ current IRS rate, parking\*, other\*)

\$ \_\_\_\_\_ Meals\*

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

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

\$ \_\_\_\_\_ **TOTAL**

\*Reimbursement items must have a receipt attached to this form.

\_\_\_\_\_  
Signature of Person Requesting Funds

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Staff Development Chair

\_\_\_\_\_  
Date

Account Code: E01- \_\_\_\_\_ - 640 - 000 - \_\_\_\_\_ - \_\_\_\_\_