

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*)

\$ _____ 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 - _____ - _____