

Wilton-Lyndeborough Cooperative School District
Statement of Preapproved Professional Development

Employee: _____

Name of Meeting/Conference: _____

Dates of Meeting/Conference: _____

Cost of Meeting/Conference: _____

Place of Meeting/Conference: _____ - _____

Purpose of Meeting/Conference: _____

IMPORTANT: Except for mileage, receipts are required for all expenses to be reimbursed.

Auto: From: _____

To: _____

Total Mileage: _____ \$ _____

Air/Rail: (documentation required) _____

Taxi Fare: \$ _____

Room: (attach confirmation and/or estimate)
(ie. # of days and per night costs) _____

Meals: (estimate # of meal costs)
(ie. # of days X # of meals) Do not include any alcoholic beverages _____

Other Expense (itemize - estimate)

_____ \$ _____

TOTAL: \$ _____

Staff Signature: _____

Principal Pre Approval: _____

Superintendent Pre Approval: _____

Approved form goes to building admin. assistant, fill out boxes below

Location:	Requisition No.	Date
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Attach this completed form to the requisition and send to the SAU/Finance Dept.

*reimbursement rates are set according to IRS business mileage allowances.