

Professional Workshop/Conventions Expense Report

FORM 22

School: _____

Name: _____

Date Submitted: _____

Grade/subject area currently teaching: _____

Title of workshop/convention: _____

Date(s) workshop/convention: _____ Location: _____
(Reimbursement will only be given up to 6 weeks after date of workshop.)

Expenses:

Fees: \$ _____

Per Diem: \$ _____ (\$41.00 per day @ _____ days)

Transportation: \$ _____ (_____ miles @ \$.40 per mile)

Lodging: \$ _____ (attach receipts)

Miscellaneous: \$ _____

TOTAL: \$ _____

† Did the school pay any portion of these expenses? \$ _____ for: _____

According to policy:

POTOMAC CONFERENCE PAYS:

- ◆ 50% of the teacher's expenses
- ◆ 50% of the substitute teacher's wages

THE SCHOOL PAYS:

- ◆ 50% of the teacher's expenses
- ◆ 50% of the substitute teacher's wages

Office Use Only

Treasury

Amount Due Teacher: \$ _____

Superintendent of Schools

Date

11-12