

Professional Development - Expense Worksheet

STAFF MEMBER

Title of Training Event:

Meal Reimbursement Rate

(if applicable to this event)

Location (City & State):

Check box if MLC Training

[Click here to check state mileage and meal reimbursement rates - DFA](#)

Total Number of Days

[illegible]

Worksheet Instructions

- Must be filled out electronically
- A separate worksheet must be filled out for each event, one (1) event per worksheet.
- A separate worksheet must be filled out for each staff member.
- For the current state rates, use the DFA website link above.
- **The per diem rate for the First and Last day of Travel is 75% of the daily per diem rate.**
- Carry worksheet TOTALS over to the Reimbursement Request Form.
- **Worksheet must be signed by the staff member attending the event.**
- Print out the completed worksheet.
- Attach/Include all applicable documentation with the Reimbursement Request form
 - for registration/attendance = registration form/receipt (itemized) and an agenda
 - for travel-mileage = documentation of miles traveled (Google Map print out)
 - for lodging = invoice/receipt (itemized)
 - for travel-meals = itemized meal receipts must be attached
 - for other costs = invoice/receipt (itemized) and written justification

I certify the above information and amounts claimed by me for travel expenses for the period indicated are true and accurate in all aspects, and that payment for any part has not been received.

Signature, Staff Member Attending Event

Print Name _____

Date _____