Professional Development - Expense Worksheet
STAFF MEMBER

Title of Training Event: _____

Location (City & State): _____ Check box if MLC training ☐

Meal Reimbursement Rate (if applicable to this event) _____

Click here to check state mileage and meal reimbursement rates - DFA

Date	Registration	Travel - Mileage Miles	Rate	Cost	Lodging	Travel - Meals Breakfast	Lunch	Dinner	Total Cost	Other Costs must show justification
				$ 0.00					$ 0.00	
				$ 0.00					$ 0.00	
				$ 0.00					$ 0.00	
				$ 0.00					$ 0.00	
				$ 0.00					$ 0.00	
				$ 0.00					$ 0.00	
				$ 0.00					$ 0.00	
				$ 0.00					$ 0.00	
				$ 0.00					$ 0.00	
				$ 0.00					$ 0.00	
				$ 0.00					$ 0.00	
				$ 0.00					$ 0.00	
				$ 0.00					$ 0.00	
TOTALS (to carry over)	$ 0.00	0.0		$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

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.
- 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 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 _____