

**PROFESSIONAL DEVELOPMENT REQUEST**

**Claim-Invoice**

**Directions:**

1. Use this side of the form after you have attended your professional development activity to claim reimbursement for your approved expenditures. The total amount of the expenses you claim cannot exceed the approved estimated expenses total from frontlineeducation.com.
2. Attach receipts for registration, lodging, meals, tolls or parking charges. **Claims will not be approved for reimbursement without receipts.**
3. Tax exemptions must be used where applicable. There will be no reimbursement for sales tax.
4. Be sure to sign the certificate statement.
5. Be sure to deduct from the "Total Expenses" the amount of registration if the District paid this expense in advance.

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|  |                 |
|--|-----------------|
| <b>Public Transportation (attach receipts)</b>   | \$ _____        |
| <b>Privately owned vehicle:</b>                  |                 |
| From _____ To _____ Mileage _____                |                 |
| From _____ To _____ Mileage _____                |                 |
| Total Mileage: _____ miles (current rate)        | _____           |
| Thruway tolls (attach receipts)                  | _____           |
| Other tolls and parking                          | _____           |
| <b>Lodging (attach receipted bill)</b>           | _____           |
| <b>Meals (attach receipts)</b>                   | _____           |
| <b>Registration fee (attach receipt)</b>         | _____           |
| <b>Other (specify: _____)</b>                    | _____           |
| <b>Total expenses</b>                            | <b>\$ _____</b> |
| <b>Less advance registration (if applicable)</b> | _____           |
| <b>BALANCE CLAIMED</b>                           | <b>\$ _____</b> |

**Please provide name(s) of substitute(s) who covered your assignment during your absence.**

|                 |                 |
|-----------------|-----------------|
| Substitute Name | Date of Absence |
| Substitute Name | Date of Absence |

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**Certification Statement:** This is to certify that the materials and/or services charged and included in the above claim amounting to \$\_\_\_\_\_ have been actually performed for, furnished and/or delivered to the above mentioned Board of Education; that the charges are true and just, and that no payments have been made on account, except as included.

|                      |                                      |
|----------------------|--------------------------------------|
| Claimant's Signature | Assistant Superintendent's Signature |
|----------------------|--------------------------------------|

**Approval of School Official Originating Claim:** I hereby certify that this bill has been rendered in accordance with the contract, agreement, or accepted estimate, and that the work has been completed and/or materials delivered satisfactory.

Date \_\_\_\_\_ Signature of Purchasing Official \_\_\_\_\_

East Greenbush Central School District  
**Procedures for Seeking Approval and Claiming Expenses for Conferences/Workshops**

**APPROVAL**

To acquire approval to attend a professional development activity, each member of the EGTA as well as Teaching Assistants should submit a request through their personal account on Frontlineeducation.com (MLP). Approval must be acquired from both the building principal(s) and the Assistant Superintendent for Curriculum and Instruction. An electronic response from Frontlineeducation is forwarded to the staff member who has made a request. An approval must be delivered to the staff member before registering for the activity and incurring any costs. The approval will contain a listing of expenses which the individual must initially cover out-of-pocket, and for which a claim for reimbursement can be made following attendance at the activity. Approval for assistant principals should come through the building principal and the Assistant Superintendent Curriculum and Instruction; approval for other administrators should come from the Superintendent.

**What Expenses May Be Covered?**

The following are typical expenses incurred by the individual that **may** be approved by the school district for reimbursement:

- Cost of registration
- Mileage (current IRS rate)
- Lodging
- Parking/Tolls
- Meals

*Note: The school district will cover the cost of the substitute teacher even though there is no out-of-pocket expense incurred by the staff member.*

**What Expenses Will NOT Be Covered?**

- Alcoholic beverages
- Sales tax and other taxes
- Entertainment
- Membership Dues
- Other items not listed above among expenses that may be covered

**What Is Needed Prior to Filing a Claim for Reimbursement?**

During each step of the process associated with attending the conference/workshop, the staff member should:

- Retain hard copies of any receipts where the individual paid with cash; the receipt should state "paid in cash"
- Retain a copy of receipts for any credit card purchases associated with the activity; however, the receipt alone will not be sufficient unless it states your name on it – an itemized bill/receipt must show the items or services purchased
- In the absence of a paid vendor receipt, a copy of the cancelled check or credit card statement may be submitted. Be sure to delete all but the final four numbers of the account, making sure the account holder's name and company that received payment and amount are clearly shown on the copy.
- If meals are to be reimbursed, the restaurant receipt must detail the meal and beverage purchased; a simple receipt with dollar amounts is not sufficient

**REIMBURSEMENT**

After attending the professional development activity (conference/workshop), the following steps should be taken to complete the procedure and expedite reimbursement.

1. Complete a professional development workshop summary form
2. Complete a professional development claim-invoice form, available from the school secretary, listing all expenses incurred
3. Staple receipts and other pertinent information (listed above) to the claim form and summary
4. Attach a certificate or proof of attendance at the conference
5. Send all items to the office of the Assistant Superintendent for Curriculum and Instruction.

**PROFESSIONAL DEVELOPMENT SUMMARY FORM**

(Complete and submit this form following your participation in a professional development activity)

Name: \_\_\_\_\_

Conference/Workshop Title: \_\_\_\_\_

Date of Conference/Workshop: \_\_\_\_\_

Topic and/or Speaker: \_\_\_\_\_

**Summary of information gained through this conference/workshop and its value to you:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conference/Workshop Strength: \_\_\_\_\_

\_\_\_\_\_

Conference/Workshop Weakness: \_\_\_\_\_

\_\_\_\_\_

I will share the following information from this conference/workshop with colleagues:

\_\_\_\_\_

\_\_\_\_\_

I **would recommend** this conference/workshop to colleagues

I **would not recommend** this conference/workshop to colleagues