

**Somers Public Schools
Professional Development Reimbursement Form**

Submit to the Administrator who oversees the Funding

Building

Date Submitted:

Name:

REGISTRATION REIMBURSEMENT: (Copy of paid registration, check or credit card statement attached)

Date	Title or Description of Conference/Meeting	Location	Amount

EXPENSE REIMBURSEMENT: (mileage) (meals, tolls, etc. receipts must be attached.)

2025 = \$0.70 2026 = \$0.725 Mileage must be calculated to and from the campus address to destination.

Date	Destination and Reason	# of Miles	Amount

Administrator Authorization: _____ **Date:** _____

Funding Source: Regular Budget **Account #**

Grant: Title II Title IV Title V Idea 611 Idea 619 Other

Year _____ **Line** _____

Central Office Use Only

Central Office Authorization: _____ Date: _____

Total Amount _____ **Account:** _____