

Professional Development Allowable Expenses 2016-2017

To receive reimbursement of expenses and/or to receive continuing education credits (CEUs), employees are required to request prior approval to attend conferences, courses, or workshops by completing a **Prior Approval Form** in the web based system **My Learning Plan** (MLP). A link for MLP is located on the JCPS webpage (<http://www.myllearningplan.com/login.asp>).

Each employee is responsible for his or her own request for reimbursement. Requests for reimbursement must be filed within thirty (30) days after the travel period ends for which the reimbursement is being requested. Turn in your certification of completion, reimbursement form, and necessary receipts to your principal.

The following schedule shall be used for reporting allowable expenses incurred while participating in pre-approved staff development activities for the **2016-2017 school year**.

If meals are provided by the hotel or the conference, no reimbursement shall be allowed.

	<u>In-State</u>	<u>Out-of-State</u>	
Breakfast	\$ 8.30	\$ 8.30	(Receipts <u>not required</u> for meals.)
Lunch	\$ 10.90	\$ 10.90	
Dinner	\$ 18.70	\$ 21.30	
Lodging	\$ 67.30*	\$ 79.50*	(Receipts <u>required</u> for lodging.)

**State rate unless pre-approved by Supervisor.*

Meals-Daily Travel (Overnight): Employees may receive allowances for meals for partial days of travel when the partial day is the day of departure or the day of return. To be eligible, the employee must:

- Breakfast – depart duty station prior to 6:00 a.m.
- Lunch – depart duty station prior to 10:00 a.m. (day of departure)
- Lunch – return to duty station after 2:00 p.m. (day of return)
- Dinner – return to duty station after 8:00 p.m.

Meals-Daily Travel (Not Overnight): Allowances shall not be paid to employees for lunches if travel does not involve an overnight stay. To be eligible for allowances for breakfast and evening meals, employees must:

- Breakfast – depart duty station prior to 6:00 a.m. and extend the normal workday for two hours.
- Dinner (evening) – return to duty station after 8:00 p.m. and extend the normal workday by three hours.
- To be eligible for both meal allowances the employee must have worked five hours longer than the normal work day.
- The travel must involve a travel destination located at least 35 miles from the employee’s regularly assigned duty station.

Registration

- Receipt required for reimbursement.

Transportation – Mileage rate effective November 1, 2016:

- **Personal Vehicle – Actual mileage reimbursable at 50 cents per mile for travel exceeding 25 miles one way for out-of-district travel.** When attending professional development requiring an overnight stay, mileage reimbursement will be made from your home or business home (i.e. school/central office) to lodging location. Return mileage will be reimbursed from conference site to your home or business home, whichever is closer. No reimbursement will be made to employees who choose to use their personal vehicle when a carpool is available.
- Common carrier or rental vehicle – Actual coach fare (substantiated by receipt).
- Parking fees, tolls and storage fees are reimbursable (receipts are required).

NOTE According to the Office of State Budget and Management, in order to be eligible for the reimbursement for lodging, the employees must be at least 35 miles from the employee’s regularly assigned duty station. Approval by District Professional Development Director must be obtained in order to qualify for reimbursement for overnight stays. Supervisory personnel certifying the reimbursement request as necessary and proper must require documentation from the traveler to substantiate that the overnight lodging was necessary and accomplished.

Reimbursement Request of Professional Development Expenses 2016-2017

NAME _____ SCHOOL _____

PRIOR APPROVAL SUBMITTED IN MY LEARNING PLAN Yes **(REQUIRED)**

RECEIPTS ATTACHED Yes No N/A **(Originals Required)**

Original receipts for all expenditures except food must be submitted with this request and the form completed in full before the claim will be processed. Daily total for subsistence not to exceed approved amount for in-state or out-of-state travel.

COPY OF CERTIFICATE OF COMPLETION ATTACHED Yes No (Please keep the original for your files.)

TITLE OF ACTIVITY _____

LOCATION _____ DATE(S) OF ACTIVITY _____

BUDGET CODE _____ TOTAL EXPENSES CLAIMED \$ _____

Day	TRAVEL (Show Each City Visited)		1		TRANSPORTATION		2		SUBSISTENCE		OTHER	
	From	To	M	O	Mileage	Amount	T	Y				
			D	E			P	E				
			P				B					
			A				L					
			O				D					
			R				H					
			T				T					
			P				B					
			A				L					
			O				D					
			R				H					
			T				T					
			P				B					
			A				L					
			O				D					
			R				H					
			T				T					
			P				B					
			A				L					
			O				D					
			R				H					
			T				T					
			Total Transportation				Total Subsistence				Total Other	

<p>Mode of Travel (1)</p> <p>P – Private owned car A – Air O – Other, parking fees, bus, taxi, tolls R – Rail T – Transportation Total</p>	<p>Type of Subsistence (2)</p> <p>B – Breakfast L – Lunch D – Dinner H – Hotel T – 24 Hour Total</p>
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Finance Office Use Only

Vendor # _____

P.O.# _____ Liquidated _____

Account Code _____

Date Paid _____ Vo.No. _____

THIS INSTRUMENT HAS BEEN PREAUDITED IN THE MANNER REQUIRED BY THE SCHOOL BUDGET AND FISCAL CONTROL ACT.

 Claimant's Signature Date

 Principal's Signature Date

 Program Director's Signature Date

 District Professional Development Director Date