

New Berlin C.U.S.D. #16

PROFESSIONAL WORKSHOP PAYMENT REQUEST FORM

Employee Name: Jerry Bishoff Date Requested: 6/19/2024

Name of Workshop: IASB Board Presidents' Acadmy Date(s) Attending: 6/15/2024

Location of Workshop: Naperville, IL Reason to Attend: development of skills

Estimated Expenses:		Total Amount	School Credit Card?	Final Expenses:		Total Amount	School Credit Card?
Registration:		\$ -	N/A	Registration:		\$ -	N/A
191 Miles @ \$ 0.670		\$ 127.97	N/A	191 Miles @ \$ 0.670		\$ 127.97	N/A
Food:		\$ -	N/A	Food:		\$ -	N/A
Lodging:		\$ 229.84	N/A	Lodging:		\$ 229.84	N/A
Tuition Reimburse		\$ -	N/A	Tuition Reimburse		\$ -	N/A
Other:		\$ -	N/A	Other:		\$ -	N/A
Total Est. Expenses:		\$ 357.81		Total Final Expenses:		\$ 357.81	
Total Requested Charge:			\$ 357.81 A	Total Requested Reimb:			\$ 357.81

Are expenses to be shared with another Faculty member? (Final Expenses only) ☐ Yes ☐ No

If yes, please include additional faculty name(s): _____

Please select expenses to be shared: ☐ Mileage ☐ Lodging ☐ Other _____

Pre-Approval: _____

Supervisor Signature / Date

Jerry Bishoff 6/19/2024
Employee Signature / Date

Funds Available? _____

Yes / No (A/P Initial/Date)

Final Approval: _____
Supervisor Signature / Date

Dollar Amount Available: * _____

* (If not enough to cover above request)

For Accounting Use Only:

Actual VISA Charges:					
Payee:	Purpose	Amount	Reimb. Charge to: #	Amount	Check # & Date
			NBE Budget - #103-2213-3320		
			JH Budget - #202-2213-3320		
			HS Budget - #305-2213-3320		
			Pre-K Budget - #500-1125-3320		
			Pre-K PD - #500-2213-3320		
			Title I Budget - #000-1250-3900		
			Other - _____		
	Total:	_____ A			
	Date Paid:	_____			
	Budget #:	_____			

2024