

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

PROFESSIONAL WORKSHOP PAYMENT REQUEST FORM

Employee Name: Stephanie Neuman Date Requested: 12/16/2024

Name of Workshop: Joint Annual Conference Date(s) Attending: Nov. 22-26, 2024

Location of Workshop: Chicago, IL Reason to Attend: professional development

<u>Estimated Expenses:</u>	<u>Total Amount</u>	<u>School Credit Card?</u>	<u>Final Expenses:</u>	<u>Total Amount</u>	<u>School Credit Card?</u>
Registration:	\$ -	N/A	Registration:	\$ -	N/A
Miles @ \$ 0.655	\$ -	N/A	440 Miles @ \$ 0.670	\$ 294.80 -	N/A
Food:	\$ -	N/A	Food:	\$ -	N/A
Lodging:	\$ -	N/A	Lodging:	\$ -	N/A
Tuition Reimburse	\$ -	N/A	Tuition Reimburse	\$ -	N/A
Other:	\$ -	N/A	Other:	\$ -	N/A
Total Est. Expenses:	<u>\$ -</u>		Total Final Expenses:	<u>\$ 294.80 -</u>	
Total Requested Charge:		<u>\$ - A</u>	Total Requested Reimb:		<u>\$ -</u>

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

Stephanie M. Neuman 12/16/24
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 #:	_____			