New Berlin C.U.S.D. #16 PROFESSIONAL WORKSHOP PAYMENT REQUEST FORM

Emplo	yee Name:			Holly Ko	tner				Date Reques	ted:		12/4/	/2023
Name	of Workshop:			Joint Anr	nual C	Conference			Date(s) Atten	ding:		11/17/22-	-11/19/22
Locati	ion of Worksho	p:		Cr	hicago), IL			Reason to Att	end:	Pro	ofessional	Development
					Sch	nool Credit							School Credit
Estim	ated Expense	es:	Total	I Amount		Card?		Final	Expenses:		Total	Amount	Card?
	Registration:		\$	_	+	N/A	-		Registration:		\$	-	N/A
358	Miles @	\$ 0.550	\$	196.90	+	N/A	1		Miles @	\$ 0.560	\$	-	N/A
	Food:	Ψ 0.000	Ψ	100.00	+	14//			Food:	Ψ 0.000	Ψ		N/A
	Lodging:					Yes			Lodging:				
	Other:					N/A			Other:				N/A
	Total Est. E		\$	196.90					Total Final E		\$	-	
To	otal Requested	I Charge:			\$	196.90	_ A	7	Total Requeste	d Reimb:		196.9	\$ -
		-	-		-		-						
1 = 2 = 0	··· to ho	= barad with	- cooth					1	Vac V	NI.			
Are ex	xpenses to be						xpense	s only)	o Yes X.	No			
	If yes, please					•	Lode	-!	Other		_		
	Please select	expenses	to be s	sharea:	O IV	Mileage o	Lodg	ing o	Other				
			-		+		-						
Pre-A	pproval:									Holly	Kotner	12/4/23	
· · · · ·			Supe	rvisor Sign	ature	/ Date						ature / Date	 e
									Final Approva	al:			
Funds	Available?												
			Yes	/ No (A/P I	nitial/	Date)				Superviso	or Signa	ature / Date	е
Dollar	Amount Availa	able: *						_			-		
		-	* (If no	ot enough to	o cove	r above requ	uest)						
		-	+		+		-				-		
			-		-		-						
		-	-		-		-						
For A	ccounting Use	△ Only:	+		+		+						
1017.	Journally Co.	e Omy.	+		+		+-				_		
		Actual VIS	SA Cha	arges:									
					\top								Check # &
Payee	<u>;</u>	+	Pu	urpose		Amount	+	Reimb	o. Charge to:	#	Am	nount	Date
			+		+		+				-		
							+	NBE Budget - #103-2213-3320					
					-		+	JH Budget - #202-2213-3320			-		
					-		-	HS Budget - #305-2213-3320					
				Total· Δ					Budget - #500-1	440= 0000			

Date Paid:	Pre-K PD - #500-2213-3320
Budget #:	Title I Budget - #000-1250-3900
	Other

New Berlin C.U.S.D. #16 PROFESSIONAL WORKSHOP PAYMENT REQUEST FORM

Emplo	yee Name:						Date Reques	ted:		
Linpio	yoo raamo.						Dato Roques	lou.		
Name	of Workshop:						Date(s) Atten	ding:		
Locati	on of Worksho	no.					Reason to At	tend:		
Locati	on or workshe	<i>γ</i> ρ.					i i cason to At	teria.		
				School Credit						School Credit
Estim	ated Expense	es:	Total Amount	Card?		Final	Expenses:		Total Amount	Card?
	Dogiotrotion						Desistrations		Φ.	NI/A
0	Registration:	COCE	· ·	NI/A			Registration:	COCE	\$ -	N/A
- 0	Miles @	\$ 0.655	\$ -	N/A			Miles @	\$ 0.655	\$ -	N/A
	Food:		\$ -	Vac	-		Food:		-	N/A
	Lodging:		\$ -	Yes N/A	_		Lodging:		-	N/A N/A
	Other:			IN/A			Other:			IN/A
	Total Est. E	vnencec.	\$ -				Total Final F	vnencec.	\$ -	
To	otal Requested		<u> </u>	\$ -	Α	Total Final Expenses: Total Requested Reimb:		<u> </u>	\$ -	
- 10	rai requeste	onarge.				'	Total Requeste	d Remib.		
Are ex	penses to be	shared with	n another Faculty	member? (Final I	Expense	s only)	o Yes o	No		
	If ves. please	include ad	Iditional faculty na	ame(s):						
			to be shared:		Lodg	ing o	Other			
						, , ,				
Pre-A	pproval:									
			Supervisor Sign	ature / Date				Employe	e Signature / Date	е
							Final Approva	al:		
Funds	Available?									
			Yes / No (A/P I	nitial/Date)				Superviso	or Signature / Dat	е
Dollar	Amount Availa	able: *								
			* (If not enough to	cover above req	uest)					
For A	ccounting Us	o Only:								
7 07 7	ccounting 03	c Omy.								
		Actual VIS	SA Charges:							
		7 totaar vic	or charges.							Check # &
Payee	:		Purpose	Amount		Reimb	o. Charge to:	#	Amount	Date
					_	NBE	Budget - #103-2	2213-3320		
	I				_		Budget - #202-2			
							Budget - #305-2			
			Total:		_ A	Pre-K	Budget - #500-	1125-3320		

Date Paid:	Pre-K PD - #500-2213-3320
Budget #:	Title I Budget - #000-1250-3900
	Other