

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

PROFESSIONAL WORKSHOP PAYMENT REQUEST FORM

Employee Name:	Holly Kotner	Date Requested:	12/4/2023
Name of Workshop:	Joint Annual Conference	Date(s) Attending:	11/17/22-11/19/22
Location of Workshop:	Chicago, IL	Reason to Attend:	Professional Development

Estimated Expenses:		Total Amount	School Credit Card?	Final Expenses:		Total Amount	School Credit Card?
Registration:		\$ -	N/A	Registration:		\$ -	N/A
358 Miles @ \$ 0.550		\$ 196.90	N/A	Miles @ \$ 0.560		\$ -	N/A
Food:				Food:			N/A
Lodging:			Yes	Lodging:			
Other:			N/A	Other:			N/A
Total Est. Expenses:		\$ 196.90		Total Final Expenses:		\$ -	
Total Requested Charge:			\$ 196.90 A	Total Requested Reimb:		196.9	\$ -

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	Holly Kotner 12/4/23	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		
	Total:		Pre-K Budget - #500-1125-3320		

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

PROFESSIONAL WORKSHOP PAYMENT REQUEST FORM

Employee Name:	Date Requested:
Name of Workshop:	Date(s) Attending:
Location of Workshop:	Reason to Attend:

Estimated Expenses:	Total Amount	School Credit Card?	Final Expenses:	Total Amount	School Credit Card?
Registration:			Registration:	\$ -	N/A
0 Miles @ \$ 0.655	\$ -	N/A	Miles @ \$ 0.655	\$ -	N/A
Food:	\$ -		Food:	-	N/A
Lodging:	\$ -	Yes	Lodging:	-	N/A
Other:		N/A	Other:		N/A
Total Est. Expenses:	\$ -		Total Final Expenses:	\$ -	
Total Requested Charge:		\$ - A	Total Requested Reimb:		\$ -

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	Employee Signature / Date
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Funds Available?

Yes / No (A/P Initial/Date)	Supervisor Signature / Date
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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		
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