

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

PROFESSIONAL WORKSHOP PAYMENT REQUEST FORM

Employee Name: Holly Kotner Date Requested: 11/20/2022

Name of Workshop: Joint Annual Conference Date(s) Attending: November 17-20, 2022

Location of Workshop: Chicago IL Reason to Attend: _____

Estimated Expenses:	Total Amount	Card?
Registration:		N/A
Miles @ \$ 0.560	\$ -	N/A
Food:		
Lodging:		Yes
Other:		N/A
Total Est. Expenses:	\$ -	
Total Requested Charge:		\$ - A

Final Expenses:	Total Amount	Card?
Registration:		
440 Miles @ \$ 0.560	\$ 246.40	N/A
Food:		N/A
Lodging:		
Other: Refund	-\$55.00	N/A
Total Final Expenses:	\$ 191.40	
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

Holly Kotner 11/20/22
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:			Reimb. Charge to:		
Payee:	Purpose	Amount	#	Amount	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 - _____		
<p style="text-align: right;">Total: _____ A</p> <p>Date Paid: _____</p> <p>Budget #: _____</p>					