West Linn-Wilsonville School District

EMPLOYEE PROFESSIONAL DEVELOPMENT REIMBURSEMENT REQUEST

Please submit in a timely manner

Reminder: Maximum allotments for Meals - $59/day, Hotel - $160/night, Parking - $10/day, Mileage - 60%.

Name_____ ID Number _____ Date _____

Date	Description	Miles	Meals	Lodging	Other Expenses (Specify)
	Total	0	$0.00	$0.00	$0.00

USE THIS FORM effective January 1, 2025 for PDF Reimbursements

Total Miles 0.0 X 2025 mileage rate @ 0.70 per mile $ 0.00 60% 0.60 = $ 0.00

Total Claim $ 0.00

Documentation of mileage must accompany this form (Google Map)

ATTACH RECEIPTS

I certify that the above information is a true and correct statement of expenses incurred in connection with my Professional Development.

_____

Signature