



**Catoosa County Schools  
Professional Learning Program  
Estimated Reimbursement for Travel Expenses  
PL Form 1A**

Reimbursement will not be made until the Attendance Verification form (PL Form 2) or other attendance verification is completed and processed and a travel expense form is completed and processed.

NAME: \_\_\_\_\_ Munis No: \_\_\_\_\_

School: \_\_\_\_\_ Position: \_\_\_\_\_

Activity: \_\_\_\_\_ Location: \_\_\_\_\_

Source of Funds:  School Professional Learning Allotment  
 System Professional Learning Allotment  
 Other: \_\_\_\_\_ (Signature of designee for this fund)

Date of Travel \_\_\_\_\_

Total Miles Round trip (.51 cents per mile) \_\_\_\_\_ Estimate \$ \_\_\_\_\_  
(Travel is clocked from the school to destination of activity.)

Airfare (if approved) \$ \_\_\_\_\_

Other Transportation (parking, ground transportation etc.) \$ \_\_\_\_\_

**Number of Meals:**

Breakfast _____	Estimated cost \$ _____ (maximum = \$7)
Lunch _____	Estimated cost \$ _____ (maximum = \$9)
Dinner _____	Estimated cost \$ _____ (maximum = \$20)

Lodging (\$70.00 per day unless otherwise approved) Use tax exempt form in Georgia.

Conference Hotel:  Yes  No

Number of Nights: \_\_\_\_\_

Estimate: \_\_\_\_\_

Other miscellaneous travel expenses anticipated \_\_\_\_\_

Total Amount Estimated for Expenses \$ \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Administrator