



Education for Employment Expense Form

Section #1: Teacher/Program Information

Teacher Name:	EFE Program:	Date Form Received By Kalamazoo RESA:
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Charge Expenses To: ☐ Professional Development Expenses ☐ Field Trip Expenses ☐ Student Organization (CTSO)

Name of Event:

Location of Event:

Reason for Conference/Field Trip/CTSO:

Date(s):

of Students Impacted (if applicable):

Section #2: Estimated Expenses

MUST BE COMPLETED AND APPROVED PRIOR TO INCURRING COSTS. 30 DAYS ARE REQUIRED FOR ADVANCE PAYMENTS.

Estimated Expenses	Detail of Expense
	Registration fee
	Lodging
	Travel by car - miles:
	Other (specify):
	Meals (MUST have receipts and can NOT exceed limits listed below)
	Travel by home district school bus
	TOTAL ESTIMATED

Registration Process

Please indicate instructions to Kalamazoo RESA staff:

- ☐ ***Please send check and registration; completed registration form attached
- ☐ ***Registration has been faxed or submitted online by teacher; please send payment
- ☐ Registration and payment made by teacher who will request reimbursement
- ☐ No registration cost to Kalamazoo RESA
- ☐ Lodging has been secured by teacher; teacher will pay for lodging and will request reimbursement

PLEASE NOTE: Original receipts showing payment must be included for reimbursements.

***** Lead time for Kalamazoo RESA to pay is 30 days from registration deadline**

Notes: Mileage is from place of employment to event and back (NOT from home address)

Section #3: Check Request

Original documents such as registrations, invoices, and/or receipts must accompany request.

- ☐ Reimbursement to Staff ☐ Student Org. Dues ☐ Payment of Attached Invoice ☐ Other:
- ☐ Do you have a current W-9 on file at KRESA? (Payments will be delayed if it is determined that there is not a current W-9 on file)

Section #4: Actual Expenses

Complete after attending event/conference/field trip. MUST BE RECEIVED BY KALAMAZOO RESA WITHIN 30 DAYS OF EVENT. ORIGINAL, DETAILED RECEIPTS MUST BE ATTACHED – NO PHOTOCOPIES.

Registration	\$		Meals: <u>Credit Card Summary receipts will NOT be accepted</u>					
Lodging	\$		<u>ORIGINAL, DETAILED RECEIPTS MUST BE ATTACHED – NO PHOTOCOPIES</u>					
			<u>Maximum Cost per meal:</u>	Day 1	Day 2	Day 3	Day 4	Day 5
Travel by car - miles @	\$		Breakfast: \$ 1 0.00					
Other (specify):	\$		Lunch: \$15.00					
Meals	\$		Dinner: \$24.00					
TOTAL EXPENSES	\$							

FOR OFFICE USE ONLY:

Less Expenses previously paid \$ _____
(KRESA credit card, previous submissions, etc.)

NET REIMBURSEMENT \$ _____

- ☐ I have a completed W-9 on file with Kalamazoo RESA (required for reimbursement)
- ☐ I've attached a completed W-9 to this form (download form at www.kresa.org/efe/forms)

Section #5: Teacher Notice And Signature

In order to be reimbursed, this form must be completed with estimated costs and your administrator's signature of approval prior to incurring costs. If you are requesting any payments prior to a conference, field trip or CTSO event, you must submit this form to Kalamazoo RESA 30 days prior to the event to allow time for the check to be cut. To reimburse any out-of-pocket expenses after the event, you must submit this completed form to Kalamazoo RESA within 30 days after the costs are incurred. Actual expenses that exceed the estimated amounts will not be reimbursed, so estimate carefully.

Teacher Signature: _____ Date: _____

Section #6: Administrator Approval

Your request for expenses is: ☐ Denied ☐ Approved for the amount of \$ _____

Administrator Approval: _____ Date: _____

Your request for payment is: ☐ Denied ☐ Approved for the amount of \$ _____

Administrator Approval: _____ Date: _____