



LANSING SCHOOL DISTRICT PROFESSIONAL DEVELOPMENT REQUEST FORM

Revised 9/6/23

Form Instructions:

- *This form must be submitted at least four (4) weeks prior to activity*
- Complete Professional Development Request Form and submit to immediate Supervisor for account number and approval
- Out of country requests must be approved by Superintendent or the Superintendent's designee
- Supervisor sends completed form to Purchasing@lansingschools.net
- Employee is responsible for making all arrangements for registration, accommodations, and transportation *after* receiving final approval from Finance

Participant Information

Current Date _____ Name _____
 School/Department _____ Employee ID _____
 Job Title/Position _____ Bargaining Unit _____
 Number of activities previously attended this school year _____

Activity Information

Activity Title (description of Activity) _____
 Activity Location _____
 Activity Date(s) _____ Travel Dates - Depart _____ Return _____
 Total Number of School/Work Days Absent (Beginning first day absent from work) _____
 Purpose and Goal of Attending Event _____

Substitute Teacher Required? Yes No

Account Number(s) to Charge

ASN _____ Requisition # _____
 Account _____
 ASN _____ Account _____
 Account _____

Estimate of Expenses

| | Amount |
|------------------------------|--------|
| Registration | |
| Lodging | |
| Mileage (est. miles x 0.655) | |
| Transportation | |
| Meals | |
| Other _____ | |
| TOTAL: | |

Signatures for Approval

I understand and accept Lansing School District Professional Development Procedures.

Employee _____ Date _____

Supervisor _____ Date _____

Finance _____ Date _____

Human Resources _____ Date _____

Compliance _____ Date _____

| | | |
|-------------------------|-------------------------|------------|
| Reason for Denial _____ | Denied by _____ | Date _____ |
| Absence # _____ | ADMINISTRATIVE USE ONLY | |



Revised 9/6/23

Final Expense Information

PLEASE REFER TO THE DISTRICT PURCHASING PROCEDURES MANUAL OR DETAILED INFORMATION ABOUT TRAVEL REIMBURSEMENT REQUESTS.

General Information:

- **Per Diem:** Meals will be reimbursed per the GSA per diem guidelines.
- **Itemized Receipts** are required for all items except meals.

Transportation:

- Economy tickets only.
- Tickets can only be purchased after receiving **fully approved** Professional Development Request Form.
- In order to provide for best travel schedule and best price, please complete arrangements at least 30 days prior to travel date.
- Allowable amount for one baggage handling fee is the flat rate charged by airline (overweight charge will not be reimbursed) each way. Airline receipt is required.
- Rental cars and gas for rental car are allowed on as needed basis and **MUST** receive prior approval by CFO.

Meals:

- Allowable meals are breakfast, lunch, and dinner (if not provided for as part of event, included in registration, or complimentary at hotel). Meal reimbursement form must be submitted along with this form post activity.
- Charging meals to the hotel room is prohibited.

Lodging:

- Lodging rooms should be booked at the pre-negotiated standard rates, when available.
- If pre-negotiated rooms are sold-out, other accommodations can be made and will be subject to the GSA per diem rates.

Actual Expenses

| | Amount |
|---|--------|
| Registration | |
| Lodging | |
| Mileage (Mileage Reimbursement form must be attached) | |
| Transportation | |
| Meals (Meal Reimbursement form must be attached) | |
| Other _____ | |
| TOTAL | |

Note: All receipts must be submitted to purchasing@lansingschools.net with a copy of this form.

Post Event Signatures

Employee _____

Date _____

Supervisor _____

Date _____

Finance _____

Date _____

Compliance _____

Date _____



MEAL PER DIEM REIMBURSEMENT CALCULATOR

Revised 8/29/23

| Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------------|---------|---------|---------------------|----------------------------|--------------|-------------------------------------|-------|--------|---------------------|----------------------------|---------|---------|---------|---------|--------|---------|---------|---------|---------|---------|--------|---------|---------|---------|---------|---------|--------|---------|---------|---------|---------|---------|--------|---------|---------|---------|---------|---------|--------|---------|
| Conference Location: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department/School: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 16.6%;">M&IE Total**</th> <th style="width: 16.6%;">Continental Breakfast/ Breakfast</th> <th style="width: 16.6%;">Lunch</th> <th style="width: 16.6%;">Dinner</th> <th style="width: 16.6%;">Incidental Expenses</th> <th style="width: 16.6%;">First & Last day of travel</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$59.00</td> <td style="text-align: center;">\$13.00</td> <td style="text-align: center;">\$15.00</td> <td style="text-align: center;">\$26.00</td> <td style="text-align: center;">\$5.00</td> <td style="text-align: center;">\$44.25</td> </tr> <tr> <td style="text-align: center;">\$64.00</td> <td style="text-align: center;">\$14.00</td> <td style="text-align: center;">\$16.00</td> <td style="text-align: center;">\$29.00</td> <td style="text-align: center;">\$5.00</td> <td style="text-align: center;">\$48.00</td> </tr> <tr> <td style="text-align: center;">\$69.00</td> <td style="text-align: center;">\$16.00</td> <td style="text-align: center;">\$17.00</td> <td style="text-align: center;">\$31.00</td> <td style="text-align: center;">\$5.00</td> <td style="text-align: center;">\$51.75</td> </tr> <tr> <td style="text-align: center;">\$74.00</td> <td style="text-align: center;">\$17.00</td> <td style="text-align: center;">\$18.00</td> <td style="text-align: center;">\$34.00</td> <td style="text-align: center;">\$5.00</td> <td style="text-align: center;">\$55.50</td> </tr> <tr> <td style="text-align: center;">\$79.00</td> <td style="text-align: center;">\$18.00</td> <td style="text-align: center;">\$20.00</td> <td style="text-align: center;">\$36.00</td> <td style="text-align: center;">\$5.00</td> <td style="text-align: center;">\$59.25</td> </tr> </tbody> </table> | | | | | | M&IE Total** | Continental Breakfast/ Breakfast | Lunch | Dinner | Incidental Expenses | First & Last day of travel | \$59.00 | \$13.00 | \$15.00 | \$26.00 | \$5.00 | \$44.25 | \$64.00 | \$14.00 | \$16.00 | \$29.00 | \$5.00 | \$48.00 | \$69.00 | \$16.00 | \$17.00 | \$31.00 | \$5.00 | \$51.75 | \$74.00 | \$17.00 | \$18.00 | \$34.00 | \$5.00 | \$55.50 | \$79.00 | \$18.00 | \$20.00 | \$36.00 | \$5.00 | \$59.25 |
| M&IE Total** | Continental Breakfast/ Breakfast | Lunch | Dinner | Incidental Expenses | First & Last day of travel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$59.00 | \$13.00 | \$15.00 | \$26.00 | \$5.00 | \$44.25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$64.00 | \$14.00 | \$16.00 | \$29.00 | \$5.00 | \$48.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$69.00 | \$16.00 | \$17.00 | \$31.00 | \$5.00 | \$51.75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$74.00 | \$17.00 | \$18.00 | \$34.00 | \$5.00 | \$55.50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$79.00 | \$18.00 | \$20.00 | \$36.00 | \$5.00 | \$59.25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter the DAILY meal per diem rate from above (based on location **) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter the day you left for the conference in MM/DD/YYYY format. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter the day you returned from the conference in MM/DD/YYYY format. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calculated Meal Per Diem Reimbursement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Were any meals provided during your conference? (Yes or No) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. If Yes, please enter the total dollar amount of any meals provided: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Meal Per Diem Reimbursement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Signature: | | | Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisor Approval: | | | Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grant Director Approval: | | | Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Compliance Approval: | | | Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Finance Approval: | | | Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>**Rates subject to change based on published information on the GSA.gov web site</p> <p>SUBMIT WITH FULLY APPROVED CONFERENCE REQUEST FORM AFTER THE CONFERENCE IS COMPLETE</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*Current mileage rate effective January 1, 2023 - December 31, 2023

Lansing School District Mileage Reimbursement Request

Name: _____ Employee#: _____ PO#: _____

Pay Location: _____ Position: _____ Begin Date: _____ End Date: _____

| | | | | | | | | | |
|---------------|-------------|-----------|--------------|---------------|-------------|-----------|--------------|--|--|
| Account#: | | | | | | | | | |
| Date | From | To | Miles | Date | From | To | Miles | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Notes: | | | | Notes: | | | | | |

Total Miles: _____

*Mileage Rate: _____

Amount to be Paid: _____

I hereby certify that the above is a true report of expenses, that my personal automobile was used in the performance of my duties as an employee of the Lansing Public Schools, and that I have liability and property damage insurance on this vehicle in accordance with current

ORIGINATOR: DO NOT WRITE IN SHADED AREAS

| | | | |
|---------------------------|-------------|------------------------------|-------------|
| Employee Signature | Date | Supervisors Signature | Date |
| Grant Approval | Date | Other Approval | Date |