

**WALL TOWNSHIP PUBLIC SCHOOLS  
TRAVEL PROCEDURES FOR ONE DAY PROFESSIONAL DEVELOPEMENT**

***Travel payments will be paid only upon compliance with the Board's policy provisions and approval requirements. The Board will not ratify or approve payments or reimbursements for professional development travel after completion of the travel event.***

1. Employee submits request for a Professional Day through AESOP along with the District Professional Development Form and supporting documentation that includes: date, time and place of meeting; name and address of sponsoring organization; purpose of meeting and anticipated value to the school district.
2. Building Principal/Supervisor approves/declines through AESOP (requests are required 45 days, when possible, prior to travel event).
3. Office of Curriculum and Instruction enters purchase requisition for travel event. Purchase orders for Professional Development funded by a grant will be entered by the grant administrator.
4. After approval, by the Director of Curriculum and Instruction and the Superintendent, the travel request is placed on the agenda for approval at the next scheduled Board of Education meeting.
5. Once "Travel" is completed, Building Principal/Supervisor submits the following to the Office of Curriculum and Instruction for approval. The Office of Curriculum and Instruction submits the forms to the Business Office for reimbursement within 45 days of travel event:
  - Completed Travel Expenditure Form along with receipts or cancelled check.
  - Report Upon Completion of Travel
  - Signed purchase Order (yellow copy), unless funded by a grant
  - A valid New Jersey Insurance Identification Card
  - Driving mileage map i.e. Google Map

Note: All travel reimbursements must be paid out of the budget year in which they occurred. Therefore, reimbursement for travel events late in the year (May, June) will only occur with a previously entered purchase order and all documentation received by July 31<sup>st</sup> following the budget year.

Note: Adhering to submission deadlines is the responsibility of the employee. The District will not be responsible for reimbursement to employees who do not adhere.

## WALL TOWNSHIP PUBLIC SCHOOLS PROFESSIONAL DEVELOPMENT REQUEST FORM

Employee Name: \_\_\_\_\_ Building: \_\_\_\_\_

Position: \_\_\_\_\_ Conference Title: \_\_\_\_\_

Date(s) of Conference: \_\_\_\_\_ In District/Out of District: \_\_\_\_\_

COSTS TO THE DISTRICT	
Reason	Amount
<input type="checkbox"/> Registration	\$
<input type="checkbox"/> Travel _____ mi. @\$.31	\$
<input type="checkbox"/> Tolls	\$
<input type="checkbox"/> Parking	\$
<input type="checkbox"/> Other	\$
Total Cost	\$

RATIONALE
<input type="checkbox"/> Certification required for employment
<input type="checkbox"/> Continuing education requirement
<input type="checkbox"/> Federal requirement
<input type="checkbox"/> State requirement
<input type="checkbox"/> Related to district operations or program

Justification to attend:

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Purpose, key issues, relevance:

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**Office of Curriculum & Instruction:**

Account #: \_\_\_\_\_

Signature: \_\_\_\_\_

Board of Education Approval Date: \_\_\_\_\_

WALL TOWNSHIP PUBLIC SCHOOLS  
TRAVEL EXPENDITURE REIMBURSEMENT FOR  
ONE DAY PROFESSIONAL DEVELOPMENT

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Program/Seminar/Etc.: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
 Destination: \_\_\_\_\_ Board Approval Date: \_\_\_\_\_

Reimbursable Expenses to the Employee	
Description	Cost
Registration Fee (include only if paid by you the employee)	\$ _____
Total Miles To & From Event (1)      _____ mi.	
Total Miles To & From Work (2)      ( _____ mi.)	
Total Miles for Reimbursement (3)      _____ mi.      x \$ 0.31 =	\$ _____
Tolls (Receipts Required)	\$ _____
Parking (Receipts Required)	\$ _____
Travel - Ground (Receipts Required)(4)	\$ _____
Misc. (5): ( _____ )	\$ _____
Total Reimbursement:	\$ _____
<p>(1) Attach a driving mileage directions or map showing mileage to event location, i.e. Google Maps.            (2) Mileage from employee's home to work is to be deducted <u>if traveling from home</u>.            (3) Copy of New Jersey Insurance Identification Card showing coverage in effect must be attached.            (4) Travel-Ground is cost to and from event other than personal vehicle ( i.e., bus, train).            (5) Provide Description and attach receipts as appropriate.</p>	

Note: Attach the Report Upon Completion of Travel, Receipts, and Insurance Card

I certify that all of the above expenses are correct and adhere to the Board of Education's travel policies and procedures I also certify that all expenses were incurred by me on behalf of business of the Board of Education.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Principal/Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 Director of C & I Approval: \_\_\_\_\_ Date: \_\_\_\_\_

