



For office use only:	
EFE Vendor Number:	_____
EFE ASN:	_____
Amount:	_____

EFE Teacher Reimbursement Form

When requesting reimbursement for professional development, field trips, CTSO etc., the following form must be completed and returned, with original receipts, to your EFE Program Administrator for processing. Final expenses will be audited and sent to the Kalamazoo RESA business office for dispensation. Note it may take up to four weeks to receive a check from Kalamazoo RESA. (Incomplete paperwork will delay processing.)

Complete sections #1 - 4 below. Attach original DETAILED receipts and return to your Program Administrator.

Section #1: Instructor/Program Information									
Instructor Name			EFE Program				Date Sent to KRESA		
Request is for:	Professional Development		Field Trip		Student Organization (CTSO)				
Name of the event:				Location of the event:			Date of the event:		
Section #2: Check Request (Original event documentation must accompany request.)									
Check the box below indicating action you would like EFE staff to take on your behalf.									
<input type="checkbox"/> Reimburse teacher			<input type="checkbox"/> Pay attached invoice			<input type="checkbox"/> Other :			
Attached is my completed W-9 (Form can be found on www.kresa.org/efe/forms)				OR	I have a completed W-9 on file with Kalamazoo RESA.				
Section #3: Actual Expenses									
<ul style="list-style-type: none"> Reimbursement can only take place AFTER attending professional development, field trip, CTSO, etc. Requests need to be submitted within 30 days following the event. Original, detailed receipts (no copies) are required for reimbursement. 									
		Registration Fee		\$		Meal Expense Calculation			
		Lodging		\$		<ul style="list-style-type: none"> Credit card summary receipts WILL NOT be accepted. Original, ITEMIZED RECEIPTS need to be attached. KRESA EFE maximum reimbursement per meal below. 			
# of miles		X \$		Travel by Car: per mile =					
		Travel - Alternative		\$		MAXIMUM ALLOWED:			
		Total Meal expense		\$		Breakfast = \$10.00		Day 1	
		Other (specify)		\$		Lunch = \$15.00		Day 2	
		TOTAL ACTUAL EXPENSE		\$		Dinner = \$24.00		Day 3	
								Day 4	
								Day 5	
Section #4: Instructor Signature									
Signature:					Date:				
Section #5: EFE Program Administrator Signature									
This request is:		APPROVED		DENIED		APPROVED FOR \$			
EFE Program Administrator Signature:					Date:				
FOR EFE OFFICE USE ONLY:					Date received: NOTES:				
Subtract expenses previously paid (KRESA credit card, etc.)									
NET REIMBURSEMENT									
					\$				