



Minnesota PLTW Professional Development Conference Expense Reimbursement Voucher: PLTW Teachers

Name of School - _____

TOTAL REQUESTED - District Reimbursement \$\$ _____
TOTAL REQUESTED - Individual Reimbursement: \$\$ _____

Names of Participants and Titles:

Travel Expenses

DATE	STARTING POINT	ENDING POINT	# OF MILES

Request for mileage reimbursement: _____ X \$.505 = \$ _____
(Total RT Miles) (Mileage Expense)

Classroom Sub Reimbursement

Reimbursement for a classroom sub at the current school rate:

Number of class subs	Sub rate	Indicate number of days	Sub Reimb. Requested
	X \$	1	\$

Hotel Reimbursement (receipt required):

Number of hotel rooms	Total request for hotel
X \$	\$

Must be filled in for School/District:

CHECK PAYABLE TO:
Contact: _____
Address: _____

Signature of district PLTW contact person: _____

Must be filled in for Individual Reimbursement:

CHECK PAYABLE TO:
Contact: _____
Address: _____

Signature of district PLTW contact person: _____

PLEASE RETURN THIS FORM **by APRIL 15th** TO:

St. Cloud Technical College, ATTN: Roseanne Anderson at randerson@sctc.edu
1540 Northway Drive, St. Cloud, MN 56303 (320) 308-0978 FAX: 320-308-5905