

School District of Philadelphia Community Training Reimbursement Form

Date: _____ **Employee:** _____

Employee ID # : _____

Year _____ **Fund** _____ **Agency** _____ **Org.** _____ **Activity** _____ **Obj.** _____

Name of School: _____

Number of Classes: _____

Allocation Amount Per Class: \$20.00 Weekly – Secondary
 \$15.00 Weekly – Middle (grades 7 & 8)
 \$10.00 Weekly – Elementary

Expenses must be itemized by the category and date. (Do not combine. Attach all Receipts)

Transportation Expenses

| Date | Explanation for Expenditure | Amount |
|------|-----------------------------|--------|
| | | \$ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Other Expenses

| Date | Explanation for Expenditure | Amount |
|------|-----------------------------|--------|
| | | \$ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total Reimbursement Amount \$ _____

Employee Approval: _____

Principal Approval: _____

Please submit original forms to: Accounts Payable Department, 440 North Broad Street, Suite 324, Portal D