



# Professional Development Matching Fund

## PROFESSIONAL DEVELOPMENT REIMBURSEMENT FORM

*This Professional Development Reimbursement form must be submitted within 30 days following your presentation. An Advanced Pre-Application for Funds form must have been previously submitted 30 days prior to your presentation.*

Scholar's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of event where scholar presented: \_\_\_\_\_

Date of the event: \_\_\_\_\_ Event location: \_\_\_\_\_

**Actual costs:** Registration Fee \$ \_\_\_\_\_

(attach receipts) Lodging \$ \_\_\_\_\_

Meals\* \$ \_\_\_\_\_

Travel - airfare \$ \_\_\_\_\_

Travel - mileage \$ \_\_\_\_\_  
(44.5 cents/mile)

Round-trip from: \_\_\_\_\_ To: \_\_\_\_\_

Other expenses \$ \_\_\_\_\_ Explain: \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

Travel by privately owned automobile will be calculated at 48.5cents/mile, not to exceed the cost of round-trip coach airfare.

\*Reimbursement will not be made for meals purchased during events when meals are provided. **Original** detailed receipts are required.

How were these expenses paid? Include all actual and anticipated sources of funds. TOTAL FUNDS amount below must equal the TOTAL EXPENSES amount shown above.

Department Funds \$ \_\_\_\_\_

Department and Chair: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Other Funds (President's Office, Graduate School, etc.) \$ \_\_\_\_\_ Source: \_\_\_\_\_

Personal Funds (Cash, Credit Card, ect.) \$ \_\_\_\_\_ **TOTAL FUNDS:** \$ \_\_\_\_\_

**I verify that the above provided information is correct.**

Scholar signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this completed form and receipts to:  
SREB-State Doctoral Scholars Program  
Attn: Professional Development  
592 Tenth Street, N.W.  
Atlanta, GA 30318-5790

**Office Use Only:**  
Amount to reimburse: \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_