



**SREB-STATE**  
DOCTORAL  
SCHOLARS  
PROGRAM

## PROFESSIONAL DEVELOPMENT REIMBURSEMENT FORM

*Scholars must submit this Professional Development Reimbursement form within 30 days following the presentation. The scholar must have previously submitted the Advanced Pre-Application Form, 30 days before the presentation.*

**Scholar Name:**

**Institution:**

**Name of Event**

**Event City and State**

**Date of Event:**

**Phone:**

**Mail Check to  
Address:**

### Actual Out of Pocket Expenses:

*Line item/detailed receipts are required.*

	Amount
Registration Fee:	\$ <input type="text"/>
Lodging:	\$ <input type="text"/>
Meals:	\$ <input type="text"/>
Travel Airfare:	\$ <input type="text"/>
*Travel Mileage	\$ <input type="text"/>
Round Trip <i>From:</i> <input type="text"/> <i>To:</i> <input type="text"/>	\$ <input type="text"/>
Other Expenses:	\$ <input type="text"/>
Explain: <input type="text"/>	
*Travel by privately owned automobile will be calculated at .51cents/mile, not to exceed the round-trip coach airfare cost.	
<b>Total</b>	\$ <input type="text"/>

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

Scholar Signature

Date

**Office Use Only:** SREB ID

Amount to Reimburse:

Approved by:

Date:

Email form and receipts to Monique Waddell on [Monique.waddell@sreb.org](mailto:Monique.waddell@sreb.org) or  
Mail to 592 Tenth Street, NW, Atlanta, GA 30318-5790 Attn: Monique Waddell