

Professional Development Grant Reimbursement Form

The following expenses were incurred by _____ while attending the _____ held at _____ on _____.

TRANSPORTATION

- Commercial (Receipt Must Be Attached): \$ _____
- Private: \$ _____ @ 70 cents/mile, _____ # of miles, for a total of _____ miles.

TAXI (Receipt Must Be Attached): \$ _____

PARKING (Receipt Must Be Attached): \$ _____

LODGING (Receipt Must Be Attached): \$ _____

REGISTRATION (Receipt Must Be Attached): \$ _____

MEALS (Receipt Must Be Attached)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Bkfst	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Lunch	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Dinner	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Total Meals: \$ _____

TIPS & OTHER EXPENSES: \$ _____

Explanation: _____

TOTAL EXPENSES: \$ _____

Make reimbursement check payable to:

Email reimbursement form and receipt copies to Foundation Programs and Engagement Manager, Lisa Jarvis at lisa.jarvis@the-league.coop or Mail to:

The League of Credit Unions & Affiliates
 Attn: Credit Union Impact Foundation
 3692 Coolidge Court
 Tallahassee, FL 32311

For Administrative Use Only

Approved By: _____, _____, Foundation Executive Director Date Approved: _____

Effective with IRS change January 1, 2025.