MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF ADULT LEARNING AND REHABILITATION SERVICES

PROFESSIONAL DEVELOPMENT TRAVEL REQUEST FORM

INSTRUCTIONS FOR REQUESTING LODGING AND/OR MILEAGE

The local program is responsible for ensuring the instructions/rules below are followed. If travel expenses are determined to be unallowable according to the rules, the program is responsible for covering the costs. Attendees will make their own hotel reservations once they receive the approved Professional Development (PD) Travel Request Form.

1. At least seven days prior to a PD workshop, programs must complete this form to request lodging and/or mileage and submit it for review and approval to ael@dese.mo.gov.
2. After workshops, return Monthly Expense report, Invoice form and hotel receipt. Individuals to be reimbursed must be registered in MissouriBuys. Programs are already registered in MissouriBuys. Please request a "Monthly expense report" and "invoice form" from ael@dese.mo.gov .

Questions? Contact Adult Education and Literacy at 573-751-1249

MILEAGE REIMBURSEMENT RULES FOR PARTICIPANTS

1. Mileage will be reimbursed at the local program's per mile rate, not to exceed $.43 per mile. Only one car will be reimbursed when participants are traveling from the same program. If more than three people are traveling from the same program, mileage for an additional car may be reimbursed.
2. Mileage will not be reimbursed when traveling less than 50 miles one way.
3. Mileage is to be calculated from the class site/office where the participant works to the workshop location. Indicate in the second column the city where the participant works.

LODGING REIMBURSEMENT RULES FOR PARTCIPANTS

1. Multi-day workshops - Lodging reimbursement is allowed when lodging occurs during the workshop and if traveling more than 55 miles one way.
2. One-day workshops or the night before a multi-day workshop - Lodging reimbursement is allowed if prior approval has been obtained from DESE. An explanation for the request must accompany this form.

PARTICIPANT/ ORGANIZATION INFORMATION

LOCAL AEL PROGRAM	WORKSHOP NAME

WORKSHOP LOCATION	WORKSHOP DATE(S)	WORKSHOP TIME(S)

Participant and/or organization to be reimbursed	Class site/ office traveling from (enter city name)	Total mileage (roundtrip)	If requesting mileage, enter mileage rate	Mileage reimbursement amount request	Dates of hotel stays and number of hotel rooms

SIGNATURE

SIGNATURE OF AEL PROGRAM DIRECTOR	DATE

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email: civilrights@dese.mo.gov.