



**DEVELOPER REIMBURSEMENT INSTRUCTION SHEET**  
Just Read, Florida! Summer Professional Development Institute

- If you are a **new developer**, you will need to complete a W-9 and Vendor Status Form.
- If you are a **returning developer and your personal information has changed** (i.e., name, address, etc.), you will need to complete a new W-9 Form and return. If you would like to verify the information we have for you, please call Paula Weeks at 877-873-7232, or email [weeksp@paec.org](mailto:weeksp@paec.org) and I will provide the information.

**INSTRUCTIONS FOR DEVELOPER INFORMATION FORM**

- **Enter all information on the Developer Information Form.** If the form is incomplete, it may delay your reimbursement process. (If your name has changed, please indicate your former name and your new name.)
- Washington County School Board (WCSB) rates will be used to calculate all reimbursement requests: Mileage reimbursement rate is .445¢/mile; meal reimbursement: breakfast - \$6; lunch-\$11; dinner - \$19.
- PAEC will reimburse Developers for the cost of the hotel room and room tax, if eligible as indicated under "Travel Voucher" below. **Any personal expenses (room service, gift shop, video rental, etc.) at the hotel must be paid by developer.**

*Note: "Employer District"=the district where you teach during the year; "Home District" = the district you live in; "Institute District" = where the Institute was located.*

**INSTRUCTIONS FOR APPLICATION FOR STIPEND**

- **Fill in your COMPLETE name, address, training dates (period beginning/ending), and the total # days (worked)** on the Application for Stipend Form. All other information will be completed for you.
- **Sign your name on the "signature of applicant" line.** (See sample Stipend Form—red font)

**INSTRUCTIONS FOR TRAVEL VOUCHER**

- **Fill in your COMPLETE name and address** on the Travel Voucher Form. All other information will be completed for you.
- All receipts (hotel, car rental, tolls, airfare, etc.) must accompany travel voucher. No need to send receipts for meals. We are unable to reimburse for tips.
- **Sign your name on the "traveler's signature" line.**

*\*\*\*\* Please note: All travel arrangements, INCLUDING HOTEL BOOKING, are the responsibility of the traveler. Lodging reimbursement will be available for those who qualify. Lodging reimbursement should be included on the travel voucher and receipts attached. \*\*\*\**

**IMPORTANT NOTES:**

- ◆ Please remember to **keep a copy of all forms and receipts** you submit for payment.
- ◆ **Completed forms will be submitted to the PAEC Finance Office for payment as they are received.** Please allow up to 6 weeks for reimbursement.
- ◆ **Stipends & travel reimbursement for June Institutes must be received by June 29, 2009.**
- ◆ **Stipends & travel reimbursement for July & August Institutes must be received by August 31, 2009.**
- ◆ **July bills will be processed late in July, due to closing out the prior fiscal year.**

Forms and receipts may be mailed or faxed to:

PAEC, Attn: Paula Weeks, 753 West Blvd., Chipley, FL 32428

Fax #: 850-638-6109 or 850-638-6335 (Please do NOT mail and fax your forms; only submit once.)

If you have questions, please contact me by phone or email (toll-free 1-877-873-7232 Ext. 2313 / [weeksp@paec.org](mailto:weeksp@paec.org)).

Panhandle Area Educational Consortium  
 753 West Boulevard, Chipley, FL 32428  
 Toll-Free: 1-877-873-7232, ext. 2313 or 850-638-6131, ext.2313  
 Email address: [weeksp@paec.org](mailto:weeksp@paec.org) Fax: 850-638-6109  
 JRF! Summer Professional Development Institute  
DEVELOPER INFORMATION FORM



**PERSONAL INFORMATION**

**(PLEASE COMPLETE THIS ENTIRE FORM)**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
 Daytime Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (if different from above)  
 Employer District: \_\_\_\_\_ *(the district in which you usually work)*  
 Home District, if different: \_\_\_\_\_ *(the district in which you live)*  
 Institute District: \_\_\_\_\_ *(the district where the Institute was held)*

**TRAVEL INFORMATION**

Departure: (city/county) from \_\_\_\_\_ to \_\_\_\_\_  
 Return: (city/county): from \_\_\_\_\_ to \_\_\_\_\_  
 Did you carpool to the Institute?  YES  NO If yes, who drove? \_\_\_\_\_  
*Check one:*  commuted daily from home to site  stayed in hotel  
 If you stayed in hotel, did you drive from the hotel to the training site?  YES  NO  
 Name of Hotel: \_\_\_\_\_  
 Hotel Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Travel Day 1: \_\_\_\_\_/\_\_\_\_\_, 2009 Departure Time: \_\_\_\_\_ Return Time \_\_\_\_\_  
 Travel Day 2: \_\_\_\_\_/\_\_\_\_\_, 2009 Departure Time: \_\_\_\_\_ Return Time \_\_\_\_\_  
 Travel Day 3: \_\_\_\_\_/\_\_\_\_\_, 2009 Departure Time: \_\_\_\_\_ Return Time \_\_\_\_\_  
 Travel Day 4: \_\_\_\_\_/\_\_\_\_\_, 2009 Departure Time: \_\_\_\_\_ Return Time \_\_\_\_\_  
 Travel Day 5: \_\_\_\_\_/\_\_\_\_\_, 2009 Departure Time: \_\_\_\_\_ Return Time \_\_\_\_\_  
*Note: One set-up day is allowed prior to first day of training, if applicable.)*

**TRAVEL EXPENSES:** All receipts, except meal costs, **MUST** be attached for reimbursement of expenses. Map-quest will be used to calculate all mileage. Travel reimbursement is to and from trainings only; not vicinity travel. Mileage rate – .445¢/mile. Meal rates - \$6, \$11, \$19.

**TRAINING INFORMATION** *(Name of Track, Dates you trained, total # of days you trained)*

Name of Track \_\_\_\_\_ Dates: \_\_\_\_\_, 2009 # Days \_\_\_\_\_

**Signature**

**Date**

**SAMPLE**

PANHANDLE AREA EDUCATIONAL CONSORTIUM  
Washington County District School Board, District of Record  
Application for Stipend  
Services Rendered



Patrick L. McDaniel  
Interim Executive Director

COST CENTER: 9008 (Leave Blank)  
TRANSACTION: (A) PROJECT NAME: JRF! Summer PD  
W.C.S.B. ID #: \_\_\_\_\_ PROJECT #: 7929003  
TYPE PAYROLL: (A) PURCHASE ORDER #: \_\_\_\_\_

**EMPLOYEE NAME:** Weeks, Paula  
**(Last, First, Initial)**

Title of Training Program: Serve as a FDOE Confirmed Developer for the Just Read, Florida!  
Summer Professional Development Institute

**Period Beginning:** June 15, 2009 **Ending:** June 18, 2009

**# Days:** 4 @ \$ 300.00  
**# Weeks:** \_\_\_\_\_ @ \$ \_\_\_\_\_  
**# Hours:** \_\_\_\_\_ @ \$ \_\_\_\_\_

TYPE EMPLOYEE: (A)

SALARY RATE: \_\_\_\_\_  
(0000.00)

**EMPLOYEE ADDRESS:** 0000 Blank Street  
\_\_\_\_\_  
**Street Address/P.O. Box**  
MyCity, Florida 00000  
\_\_\_\_\_  
**City State Zip**

I hereby certify that I have completed the training program during this time period stated above and that I am eligible to receive these funds.

**FOR WCSB/PAEC USE ONLY**

Paula Weeks  
**Signature of Applicant**

FUND	FUNC	OBJ	PROJ	PGM	AMT
731	7700	310	7929003		

**APPROVED:**  
\_\_\_\_\_  
Project Director

\_\_\_\_\_  
PAEC Interim Executive Director

Instructions for completion: Name must appear as DOE, JANE S.,  
Number X rate will appear in #19 as 0072.00, etc

Revised 02/08



# Washington County School Board

**SAMPLE**

Panhandle Area Educational Consortium  
Finance Department  
753 West Boulevard  
Chipley, FL 32428  
Phone (850) 638-6131  
FAX (850) 638-6135

## Application For Vendor Status

Company **Name:** Paula Weeks  
**Phone:** 850-638-6131  
Fax: \_\_\_\_\_

**Correspondence: Address 1:** 000 Paula Street  
Address 2: \_\_\_\_\_  
**City/State/Zip:** Cottondale, FL 32431

**Payment Address: (If different from above)**

Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_  
Nine Digit Federal Employer Identification Number (FEIN) or Social Security Number

Internal Revenue Service regulations require that vendors must furnish their Taxpayer Identification Number (TIN). Purchase Orders will not be issued to vendors who fail to provide a TIN on this form.

Check the following as appropriate:

Business Incorporated  Business provides medical services

By: \_\_\_\_\_  
**Signature**

Paula Weeks  
**Print Name**

Developer  
Title

June 11, 2009  
**Date**