



Spencer East Brookfield Regional School District
306 Main Street, Spencer, Massachusetts 01562
Telephone (508) 885-8500 * Fax (508) 885-8504
Web: www.sebrsd.org

PROFESSIONAL DEVELOPMENT COURSE REIMBURSEMENT FORM

Please submit this completed form with a copy of the approved *Professional Development Approval Request Form*, copy of proof of payment, and a copy of the course grade to the Superintendent's Office upon completion of course. Reimbursement will be made in the following payables warrant processing.

Name: _____

Course Grade Received: _____

Course Name: _____

Course Start and End Dates: _____

Signature

Today's Date

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*Do not fill in below this line
Office Use Only*

Course Approval Date: _____

Account #: _____

Date Paid: _____