

Reimbursement- Professional Development Request Form- SAU # 18

Requester Information

Name: _____

School: _____PSS _____FMS _____FHS

Phone Number: _____

Email: _____

Activity Information

Activity Date(s): _____

Type: _____ Conference
 _____ Workshop/ Class
 _____ Employee Workshop Day
 _____ Contracted Services (Facilitator or Speaker)
 _____ Other: _____

Organization/ Company Name: _____

Event/ Speaker/ Workshop Name: _____

Location (Street Address, City, State): _____

Website: _____

***If there is no website available, then documentation that contains conference or workshop information is required along with this form.**

Expense Request Summary

Registration	\$
Airfare	\$
Lodging	\$
Transportation	\$
Meals	\$
Miscellaneous	\$
Teacher Workshop Pay	\$
Total	\$

Please attach all perspective costs for travel and mileage on a separate sheet. Mileage is currently at .53.5 per mile. Use google maps and use distance between home and destination or school and destination- whichever is closest. Please also attach any back up documentation on any of your travel plans that have already been researched.

Activity Eligibility

How will this activity align with your school's plan for this year?

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What is the performance measurement and outcome for you from this activity?

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Required Signature

Business Administrator/ Grant Manager/ Curriculum Coordinator Signature
