

## Request for Professional Development Funds

Applicant: \_\_\_\_\_ Date(s) of activity: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_

Mileage @.45/mile \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Substitute \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Applicant's Signature/Date \_\_\_\_\_

Principal's Signature/Date \_\_\_\_\_

Superintendent's Signature/Date \_\_\_\_\_

PD Chairperson Signature/Date \_\_\_\_\_

Please ensure that you turn in the Request for Reimbursement form when returning from a conference with itemized receipts.

Breakfast: \$10.00

Lunch: \$12.00

Supper: \$15.00