**Steps to Submit Professional Development Funds Request & Reimbursement**

**BEFORE YOU GO TO MEETING:**

1. Complete top portion of **Request Form** and fill in all anticipated expenses in the **Requested Amount** column.
2. Submit Request Form and P.O. for registration if you have to pay prior to meeting to the Professional Development committee Treasurer by the **last Monday of the month**.
3. Professional Development Committee will notify you to let you know if your submission was approved. The committee will return a copy of your Funds Request Form to you to complete after your attendance at your professional development meeting.

**AT THE MEETING:**

1. Save itemized hotel, registration, meal receipts to fill in P.O. for reimbursement.

**UPON RETURNING FROM MEETING:**

1. Complete all P.O.s needed to pay hotel bill, travel, meals, etc. Attach original receipts to P.O.

\* Note: You need a separate P.O. for each entity that needs reimbursement

1. Fill in **Actual Reimbursement** column on the Request Form.

\* If you exceed approved amount, your expenses may not be covered.

1. Turn in packet with completed Funds Request form, P.O. and receipts to the Professional Development Committee by the **last Monday of the month** to ensure reimbursement at the next board meeting.
2. Professional Development Committee will turn in purchase orders to the office for reimbursement at the next board meeting.

**\* Funds will only be allocated for professional development opportunities that meet the district’s current professional development goals as set by the district and committee.**

**Professional Development Funds Request & Reimbursement**

|  |  |
| --- | --- |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Person Making Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Subject of In-service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Presenter or Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Professional Development Goal Addressed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenses:** |  |  |  |
|  | **Requested:** | **Actual Reimbursement:** | **P.O. #** |
| Substitute: $75.60/day x \_\_\_\_\_\_days =  *($70 +5.60 for Social Security)* | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Registration:  Pay to : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Room:  Pay to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Meals: ($25 limit/day or $15/one meal)  (\*Include itemized receipts)  Pay to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Mileage: \_\_\_\_\_\_miles at $.39/mile =  Pay to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  |  |  |  |
| **Total:** | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request: Approved Denied

Reimbursement Approved:

PDC Chairman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_

Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_

Pay in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month)