

Sunrise R-IX Professional Development Request Form
2018-2019

Instructions:

- Fill out all information requested
- Submit completed form to any PDC member before the last Monday of the month in which you expect reimbursement
- Attach a copy of a bill, brochure, registration, etc. that shows fees applicable.
- Attach a copy of your receipt(s), BE SURE TO MAKE A COPY FOR YOURSELF

Name: _____ Requested Date: _____

Workshop Title: _____ Workshop Date: _____

Location: _____

Address: _____

PDC Goal(s) Addressed: _____

Requested by (check one): _____ Self _____ Administrator

Administrator Signature (if requested by administrator): _____

Have you attended other PDC-funded activities this year? ___ Yes ___ No

Expenses:

Registration Fee: \$ _____

Substitute (½ day \$37.50 - full day \$75.00): \$ _____

Substitute request form must be submitted to DeeDee by teacher

Mileage from school _____ miles X \$0.58 = \$ _____

Meals (\$15.00 a day): \$ _____

Copies of receipts must be submitted before reimbursement check will be issued

Lodging: \$ _____

Copies of receipts must be submitted before reimbursement check will be issued

Total Cost: \$ _____

Amount to be paid with PD funds: \$ _____

Make check payable to: _____

Be sure to attach completed registration form if your conference registration fee is to be sent directly to your workshop by PDC.

Approval(PDCChairperson'sSignature): _____

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~PROFESSIONAL DEVELOPMENT COMMITTEE USE ONLY~

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ PDC Mtg Date: \_\_\_\_\_

Approved: \_\_\_\_\_ JC \_\_\_\_\_ AH \_\_\_\_\_ GK \_\_\_\_\_ LW \_\_\_\_\_ EA

Reason if not approved: \_\_\_\_\_

Purchase Order # \_\_\_\_\_ Further comments by PDC: \_\_\_\_\_

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