



Perkins Professional Development Reimbursement Request

Submit this completed form with the necessary documentation for PD registrations, lodging, airfare, and substitutes. This form and all documentation should be submitted within 30 days of the completion of the PD event.

Name of participant

USD #

District Name

Name of professional development event

Date(s) of event

Location of event

Did you attend this event as a sponsor of an approved CTSO? YES NO

Reimbursement is requested for the following in the amount indicated (if your request is more than the amount indicated on the district's Perkins priority list you may not receive the entire request, depending on availability of funds:

- **Registration Fees** (include documentation of registration, including the date the registration was made)
- **Lodging** (include an itemized hotel bill that shows whether sales tax was paid – sales tax will not be reimbursed)
- **Airfare** (include documentation of airfare, including dates, destination, and ticket cost)
- **Substitutes** (include documentation that a substitute was paid for the day(s) you were at the event as well as the rate the substitute was paid)

Perkins can only pay for the hours the substitute was subbing for approved Pathway courses. Please indicate the fraction or percentage of a full day that the substitute subbed in approved Pathway courses.

TOTAL Reimbursement requested

If the reimbursement is to someone other than the above-named district, please indicate the name and address where the reimbursement should be sent.

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Typed name

Date

Evaluation of PD event – What did you learn from this PD? How will you use this in your Pathway courses?