

Verification of Completion/Post PD

(If no reimbursement is needed, this form is not required.)

Name: _____

Building or District Role: _____

Location of PD: _____

Date PD Occurred: _____

Number of Hours: _____

REIMBURSEMENT: If this needs contractual reimbursement, please attach a copy of proof of payment.

Briefly describe how this PD could impact one of the following: Goals, Classroom, Curriculum, or Student Learning:

OPTIONAL ATTACHMENT: If you received a certificate of completion, please attach a copy. If none was provided, go to next step.

I have completed this preapproved activity and seek reimbursement in the amount according to my previously approved Application for Professional Learning Activity.

Signature of Staff

Date Submitted

NOTE: REIMBURSEMENT REQUESTS MUST BE SUBMITTED PRIOR TO JUNE 1 OF THE SCHOOL YEAR FOR PROCESSING BEFORE THE FISCAL YEAR END.

DISTRIBUTION: Submit one copy to principal and one to the Board of Education Office.

For Board of Education Use Only:

_____ Vendor Number	_____ Charge Code	_____ Approval	\$_____ Amount
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