

P.D. 2 Form
PROFESSIONAL DEVELOPMENT REIMBURSEMENT REQUEST
For School Based Pro-D Funds

(Must have approved application (PD1) form prior to filling in this form)

NAME OF APPLICANT: _____

SCHOOL NAME : _____

NAME OF CONFERENCE/WORKSHOP: _____

DATES: _____ LOCATION: _____

EXPENSES BEING APPLIED FOR:

FEE: \$ _____

TEACHER ON CALL \$ _____

OTHER _____ \$ _____

(Please Specify) _____ \$ _____

_____ \$ _____

TOTAL \$ _____

Please attach all receipts for above expenses to this claim. If you have received funding from the Joint Pro-D Committee, they will require the original receipts. Please submit a photocopy.

School Pro D Committee use only:

DATE TEACHER PAID: _____

DATE CLAIM SUBMITTED TO SCHOOL BOARD OFFICE: _____

EXPENSE RECORDED IN SCHOOL PD ACCOUNTS LEDGER
Yes No

Pro D Chair keep original of this form in binder for accounting purposes.