

FREETOWN-LAKEVILLE REGIONAL SCHOOL DISTRICT
PROFESSIONAL DEVELOPMENT FORM

**Requests for reimbursement must be made within 30 days of attendance and in the school year in which the activity was completed.*

Name _____ School _____ Date _____

Email Address _____ Phone# _____

Date(s) of Activity _____ Title _____

Activity Sponsor _____ Location _____

Description of Activity - Please attach

Substitute needed Yes/No

It is the responsibility of the requester to submit the following prior to approval:

-Description of PD along with documentation of cost (Attach to this request)

It is the responsibility of the requester to submit the following upon completion:

-If seeking reimbursement, provide proof of payment in your name (Credit Card Statement, Cancelled Check, Bank Statement)

-Verification of participation

Please choose one of the following:

Requester will register and pay for PD (seek reimbursement):

Requester needs a PO number prior to registering:

Requester has attached a completed registration form to be mailed with the PO to vendor

PO should be addressed to: _____

Enter Registration Fee:

Enter Travel Expense(if applicable):

**mileage reimbursement must include the start & end of odometer reading- please get the form from Central Office*

Enter Total Reimbursement Request:

For Administration Use Only

Director of Curriculum: _____ Date _____ Yes or No

Principal: _____ Date: _____

