



Professional Development FY 2020 Request Form

**Please email completed and signed
form to mhjelmgren@roe33.net.**

School District/Program Area: _____

Name: _____

Professional Development: _____

Date/Location of Activity: _____

Substitute Required: Yes No

Do you want registration prepaid? Yes No

If yes, please provide registration link or completed registration form.

Estimated Expenditures:

Registration	
Hotel	
Meals	
Transportation (Mileage = \$0.58/mi)	
Sub Fees (# of days x district rate)	
Total	

Account No (Delabar Office Use Only):

Approval

District Administrator Signature: _____ Date: _____

System Director Signature: _____ Date: _____

Complete Upon Return from Activity

Include all documentation--original receipts (excluding charge card receipts), agenda from activity, MapQuest/Google Maps indicating mileage--and re-submit form to Delabar CTE System.

Actual Expenditures:

Registration	
Hotel	
Meals	
Transportation (Mileage = \$0.58/mi)	
Sub Fees (# of days x district rate)	
Total	

Contact Information for Reimbursement:

Address	
City, State, Zip	
Email Address	
Phone Number	

System Director Signature: _____ Date: _____