

EDWIN O SMITH HIGH SCHOOL
Professional Development
Activity Reimbursement Request

Please complete prior to registering for activity.

Name _____	Date (today's) _____
Activity Date(s) _____	
Approved: _____	Date _____

Please complete the information below:	
Professional Development Activity Attended: _____ _____	
Location: _____	
Registration fee: _____	
Lodging costs: _____	
Mileage: _____ X .51 per mile = _____	
Meals: _____ Other _____	
TOTAL \$ _____	
Please attach cancelled checks or proof of payment.	

For office use only		
Total cost for approval \$ _____		
Approved by: _____		Date: _____
<input type="checkbox"/> Prof Improvement 52201	<input type="checkbox"/> In-Service 53131	<input type="checkbox"/> Travel/Conference 52202

Submit to Lou DeLoreto via Carol Manning