Professional Development Assistance
Reimbursement/Report Form

Please e-mail this form to your program officer to receive reimbursement. Each organization can receive up to $650 a year for professional development assistance.

Name: ___________________________________________________________

Organization: ___________________________________________________

Phone Number: ________________________ E-mail: ___________________

Course Title: _____________________________________________________

Location and Sponsor of Class: ______________________________________

Course start date: _______________ Course finish date: _________________

Course frequency (i.e.- weekly for nine weeks, once a month, two full days, etc.):

_________________________________________________________________

Total amount of reimbursement requested: $________________

Tuition fee: $________________

Travel expenses
Mileage (at 55.5 cents/mile)______________________________
Lodging (maximum of $75 a day)___________________________
Meals (maximum of $30 a day)____________________________
Total ________________________________
(please attach receipts for meals and lodging)

(over)
Please answer the following questions:

1. Overall, what did you learn in this course?

2. Do you feel you can put the information to use in your organization? If so, how? If not, why not?

3. What were the strengths of the course?

4. What were the weaknesses of the course?

5. Would you recommend this course to others?

6. Would you take other courses from the sponsoring institution?