



VIRGINIA  
HEALTH CARE  
FOUNDATION

707 East Main Street, Suite 1350 • Richmond, VA 23219 • [www.vhcf.org](http://www.vhcf.org)  
Phone: (804) 828-5804 • Fax: (804) 828-4370 • email: [info@vhcf.org](mailto:info@vhcf.org)

**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?