VIRGINIA HEALTH CARE FOUNDATION

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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 (once per fiscal year 7/1-6/30) 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 56 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?