Kent ISD Career Readiness

Professional Development Reimbursement Request Form

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| **You MUST complete and submit****the information below before attending PD.** |
| **Date of Request:**  | **Name of PD:** |
| **Registrant’s Name:** | **District:** | **Building/Grade Level:** |
| **Email:** | **Phone:** | **Fax:** |
| **Location:** | **Date(s):** |
| **Below, please estimate the cost of your Substitute (up to $100).**  |
|  | **Substitute Teacher: $** |
| **Submit request to: Kristen Doneth,** **kristendoneth@kentisd.org** |
| **For Kent ISD Internal Use:**[ ]  Request Approved[ ]  Request Denied | Date notice was sent to requesting staff person: |
| **Approval Signature:**  | **Account #:** |

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| **You MUST complete and submit the information below after attending PD.** **Attach your district’s itemized invoice and substitute verification.** |
| **Below, please list your actual Substitute cost (up to $100).** |
|  | **Substitute Teacher Final Cost (verification attached): $** |
| **Submit final paperwork to:****Kristen Doneth, Kent ISD,** **kristendoneth@kentisd.org****DEADLINE FOR INVOICE SUBMISSION IS 30 DAYS AFTER PD IS COMPLETED, OR NO LATER THAN ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** |

**Thank you.**