

**North Andrew R-VI School District**  
**PROFESSIONAL DEVELOPMENT OPPORTUNITY**

Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Date of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Title of Learning Opportunity \_\_\_\_\_

Circle one: Inservice    Workshop    Seminar    Class

Other \_\_\_\_\_

Explain how your attendance supports district CSIP or PDC Goals and how you plan to share learning (reflection paper, presentation, etc...):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVAL: You must have both signatures.

\_\_\_\_\_  
Sherry Heckman, PDC Chairperson

\_\_\_\_\_  
Administrator

Reason if denied \_\_\_\_\_

***Complete portion above PRIOR to the event.***

Expenses (Record prior to event if known)

Cost \$ \_\_\_\_\_ Substitute pay \_\_\_\_\_ x \$95 a day = \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ Mileage \_\_\_\_\_ x 41¢ a mile = \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

TOTAL = \$ \_\_\_\_\_

KEEP ALL RECEIPTS AND ATTACH TO  
THIS FORM TO RECEIVE REIMBURSEMENT

**\*COMPLETED FORMS SHOULD BE TURNED IN TO PDC CHAIRPERSON\***