

Professional Development Fund EMPLOYEE REIMBURSEMENT CLAIM & VENDOR PAYMENT FORM



Instructions for Completion:

1. This form is used **ONLY** when there is **NO EXTENDED TRAVEL** involved. If travel is part of your request use the "Travel Authorization & Expense Claim" form.
2. For purchase of Hardware/Software use the "**Authorization to Purchase Hardware/Software**" form (new form 9/07)
3. Attach "Individual Professional Growth Plan" for use of inservice funds form - located on website. (Required for OP/PT's and Paras - one form per year.)

TO BE COMPLETED BY EMPLOYEE:

Check One: OP PT Para Cert Exempt Principal /Asst. Principal

Employee Name Job Title Employee ID#

Home Address City State Zip

Work Location Work Phone

Description of professional development activity or items to be purchased for which reimbursement or vendor payment is being requested:

I have sufficient professional development funds in my account to cover this request.

I hereby certify under penalty of perjury that the materials have been furnished, the services rendered, and/or the labor performed as described herein, and that the claim is a just, due, and unpaid obligation against Tacoma School District No. 10.

Employee's Signature Date

Supervisor's Signature Date

**TOTAL REIMBURSEMENT or
VENDOR PAYMENT REQUESTED:**

\$

REIMBURSEMENT / PAYMENT OPTIONS:

I am requesting reimbursement. I have paid for expenditures related to my current work assignment (e.g., college or career/technical school course; conference or workshop registration; professional membership/dues; subscription or training manual related to my job. **Attach receipts.**

Note: For personal mileage reimbursement attach "private auto mileage claim form."

I am requesting payment directly to the vendor (fill in vendor information below.) I am attaching the registration form, invoice, order form, etc. (NOTE: If Professional development funds are being used for extended travel, payments will be approved and paid as part of a Travel Authorization and this form is not required.) **Attach required documentation to pay vendor.**

Vendor Name

Vendor Address City State Zip

Vendor Phone Vendor Fax

Vendor Web Site Address

Vendor E-Mail

TO BE COMPLETED BY PROFESSIONAL DEVELOPMENT:

Note: Professional Development accounting may be used for Purchase Orders or P-Cards **ONLY** after this claim has been authorized by the appropriate Professional Development BRC Authority.

Fund	G/L	Program	Activity	Object	Location	BRC	Professional Development BRC Approved Amount
							\$

P-Card Number TPS Vendor # Purchase Order #
(Last Name/Last 4 Digits)

Professional Development BRC Signature Authority Date

- | | |
|--|--|
| <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Retain in Professional Development for Processing | <input type="checkbox"/> Return to Originator for Processing with Site PCard |