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For Finance Use Only

Professional Development Fund

EMPLOYEE REIMBURSEMENT CLAIM FORM

To be used for TSD Employees only!!

Instructions for Completion:

1. Use this form when you are paying out of pocket and are requesting reimbursement from PD funds.
2. This form is used **ONLY** when there is **NO EXTENDED TRAVEL** involved. If travel is part of your request use the **"Travel Expense Worksheet"** with a Travel Authorization.
3. For purchase of Hardware/Software use the **"Authorization to Purchase Hardware/Software"** form.
4. Attach "Individual Professional Growth Plan" for use of in-service funds form - located on website. (Required for OP/PT's and Paras - one form per year.)
5. **Original receipts** must be attached for payment.

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

Employee Name (Please Print) _____ Employee ID# _____

Address _____ City/State _____ Zip Code _____

Location & Job Assignment _____ Email _____

Telephone (H) _____ (W) _____

Description of professional development activity or items purchased for which reimbursement is being requested:

TOTAL REIMBURSEMENT: **$** _____

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

☐ This request aligns to my Professional Development plan for the year.

Sub Required: **NO** **YES (if yes complete a Time Release form)**

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*

Revised 9/17/2010

RESET FORM

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.

Company	Accounting Unit	Account	Approved Amount
			$
Activity		**AcCat**	
			Accounting Approval

Professional Development BRC Signature *Date*

☐ Accounts Payable ☐ Payroll

☐ Retain in Professional Development for Processing ☐ Return to Originator for processing w/ Site P-Card

Payment Date