

**SNOHOMISH SCHOOL DISTRICT #201  
PROFESSIONAL DEVELOPMENT**

Employee: \_\_\_\_\_ F.T.E. \_\_\_\_\_

Grade/Subject/Assignment: \_\_\_\_\_ Location: \_\_\_\_\_

**You may be reimbursed up to \$257 per F.T.E. (once a year only  
AND pro-rated according to your FTE status).**

**Up to \$100 of this can be spent on supplies, materials, and equipment.**

**All receipts must be dated between September 1<sup>st</sup> and July 31<sup>st</sup> of the current school year.**

**All receipts must be originals (copies and faxes are not acceptable).**

\_\_\_\_\_ Did you use sub(s)? If so, please give the number of sub days used (include dates).  
\$162 per day will be deducted from your \$257 allocation.

\_\_\_\_\_ A single expenditure for a conference, workshop, or class fee of \$150 (amount to  
be subtracted from the \$257) and over may also be done through use of the  
District's purchase order process.

**PLEASE WRITE THE AMOUNT OF MONEY TO BE REIMBURSED  
BESIDE THE SELECTED ITEM LISTED BELOW.**

**1. PROFESSIONAL**

\$ \_\_\_\_\_ Cost of tuition to attend a class, workshop or conference.  
Date and time of day attended: \_\_\_\_\_  
During school hours? Yes  No

\$ \_\_\_\_\_ Mileage to a workshop or conference: \_\_\_\_\_ miles  
Destination (to/from) and number of trips \_\_\_\_\_

\$ \_\_\_\_\_ Cost for travel accommodations to attend a workshop

\$ \_\_\_\_\_ Cost involved with any professional growth plan

\$ \_\_\_\_\_ Cost involved with any peer coaching arrangement  
Cost to implement an in-service activity

\$ \_\_\_\_\_ Other uses that are reasonably related to providing support and incentive for  
professional development (does not include classroom supplies and materials).

**2. CLASSROOM SUPPLIES, MATERIALS, EQUIPMENT (up to \$100 of allowed amount):**

\$ \_\_\_\_\_ Supplies, Materials, Equipment (**must be identified**)

Attach **original** receipts and written explanation of items purchased,  
if not identified on receipts, and  
**SUBMIT TO ACCOUNTING NO LATER THAN JULY 31<sup>st</sup>,**  
with the exception of August classes or workshops.  
Those receipts are due no later than August 31<sup>st</sup>.  
Keep a copy of this form and all attachments for yourself in case of loss.

***CERTIFICATION:** I hereby certify, under penalty of perjury, this is a true and accurate  
claim for necessary expenses incurred by me and that no payment has been received by  
me on account thereof. I will reimburse any overpayment to Snohomish School District.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SNOHOMISH SCHOOL DISTRICT #201**  
**PROFESSIONAL DEVELOPMENT VERIFICATION PROCEDURES**

1. **The amount of allowable reimbursement will be pro-rated according to your FTE status.**
2. You must have a Travel Leave Form (yellow) to accompany the Professional Development form only for activities during the regular working hours. You do not need a travel leave form for summer, weekend, evening, or correspondence classes. You must indicate the date and time of the activity on your Professional Development Verification Form.
3. You may request reimbursement for a class after you have paid for it.
4. You may claim reimbursement for travel expenses, such as mileage, parking, airfare, hotel costs, etc., incurred for a workshop or class.
5. You will be reimbursed for credits or clock hours for a class. Extra charges for processing credits or clock hours will not be reimbursed.
6. All items purchased with Professional Development funds become the property of the Snohomish School District.
7. All substitutes charged to Professional Development shall be reported and shall be deducted before any other reimbursement is paid.
8. All supplies and tuition payments must have been purchased between September 1<sup>st</sup> and July 31<sup>st</sup> of the current school year. Please call Accounting to make special arrangements if you plan to attend an August class or workshop.
9. An **original** receipt that shows method of payment (check, credit card, etc.) and the date of the class **OR** the original invoice and a copy of your canceled check or credit card statement (for **all** expenses you are claiming). **Copies and faxes of receipts are not acceptable.**
10. **Professional Development forms must be SUBMITTED TO THE ACCOUNTING DEPARTMENT NO LATER THAN JULY 31<sup>st</sup>** and must have proper signatures, receipts, travel leaves (if required), and written explanations in order to receive reimbursement.

**SNOHOMISH SCHOOL DISTRICT #201  
PROFESSIONAL DEVELOPMENT REIMBURSEMENT CHECKLIST**

When requesting reimbursement for Professional Development, the following are required:

**REIMBURSEMENT FOR EXPENSES FOR CLASSES OR WORKSHOPS**

- \_\_\_\_\_ Travel Leave Form for any class/workshop that was attended during school hours (even if substitute was not required) with dates, code, signatures, expense amounts, mileage, and substitutes indicated.
- \_\_\_\_\_ Written explanation listing the items being reimbursed, including dates of classes and amounts paid.
- \_\_\_\_\_ An **original** receipt that shows method of payment (check, credit card, etc.) and the date of the class **OR** the original invoice and a copy of your canceled check or credit card statement (for **all** expenses you are claiming).
- \_\_\_\_\_ If claiming mileage, write the date, the number of total miles traveled, and the destination. (Example: Snohomish to Seattle, round trip (two trips) = 140 miles)
- \_\_\_\_\_ Declaration of substitute if one was required.
- \_\_\_\_\_ Written explanation summarizing the items claimed for reimbursement.

**REIMBURSEMENT FOR SUPPLIES**

- \_\_\_\_\_ **Original** receipts showing the items have been paid (not an invoice with “balance due”)  
**OR** the original invoice and a copy of your canceled check or credit card statement. If you do not receive your canceled checks, then make a copy of your check before payment is made and a copy of bank statement showing that check number being processed. **Copies and faxes of receipts are not acceptable.**
- \_\_\_\_\_ Signature on each receipt and explanation of what was purchased if the receipt does not describe the items.
- \_\_\_\_\_ Written explanation summarizing the items claimed for reimbursement.

**Please sign and date, get your principal/supervisor signature,  
and SEND YOUR FORM TO ACCOUNTING BY JULY 31<sup>st</sup>.**

**Please also make copies for yourself of all attachments in case of loss.**