



COURSE/WORKSHOP PRE-APPROVAL AND REQUEST FOR REIMBURSEMENT

Employee Name: \_\_\_\_\_

School: \_\_\_\_\_

Directions for reimbursement:

- Get approval from Superintendent prior to registration by COMPLETING this form and submitting to the Human Resources Manager.
- Once approval received, register for course/workshop/conference
- Return approved form with complete proof of paid tuition/expenses to HR. Mileage Reimbursement and Per Diem will need to be submitted through AP forms to HR.

Course(s)/Workshop for which reimbursement is requested:

Course/Workshop Title:			
Tuition/registration fee:			\$
Start Date:		End Date:	
Lodging:	# nights:	Hotel:	\$
Travel:	Mode:	If mileage, # miles:	\$
Per Diem (per GSA):			\$
Total amount of reimbursement requested*:			\$

\*Approval of course does not guarantee full amount for reimbursement. Reimbursement will be based on employee's account balance and current contract language.

By signing below, I agree to submit documentation of either successful completion (transcript)/attendance within 90 days of conference/course end date or verification of withdrawal/cancellation from course/workshop whereby fee shall be returned to Scappoose School District.

Date: \_\_\_\_\_

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

Superintendent pre-approval:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Description of course/workshop: \_\_\_\_\_

How will course/workshop apply to teaching? \_\_\_\_\_

How is it in the District's interest to invest in this course/workshop? \_\_\_\_\_

(Attach further description, if needed)