

SRAVTE-STARVED ROCK ASSOCIATES FOR VOCATIONAL AND TECHNICAL EDUCATION
**STAFF IMPROVEMENT ACTIVITIES
REQUEST FOR REIMBURSEMENT**

All reimbursement requests must have receipts to accompany this form

Date						
Staff Member						
Home Address						
School						
Title of Activity						
Dates of Activity						
Reimbursement Requested: Fill in boxes below (The form will calculate totals for you)						
Mileage Reimbursement	# of Miles		Rate per mile		Total Mileage Reimbursement (# miles X current rate)	
Meals (Include receipts)						
Lodging	# of Nights		Total Room expense			
Registration Fees						
Parking Fees				Toll Fees		
Substitute	# of Days		Rate per Day		Total Substitute Costs	
Total Reimbursement Request						

EVALUATION

This section must be completed to receive reimbursement. (Limit Answers to one line)

How is this activity of benefit to the affected program(s)?
How did this activity affect the participants professionally?
What is the most significant idea received from this activity?
What suggestions do you have for further in-service to be planned for teachers in your field?

Overall Rating of the activity (check the appropriate box)

Excellent	9	8	7	6	5	4	3	2	Poor
10									1

Signature of Principal or Superintendent:	
Signature of Participant:	