

ADMINISTRATOR

**Request for Reimbursement for a Course/Conference/Workshop**

Please complete the top section and send to Doreen at the SAU office. This form will be processed at the SAU and returned to the person requesting reimbursement. It is the administrator's responsibility to return this form with the lower section completed including attachments for reimbursement.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please check one:

Conference /Workshop \_\_\_\_\_ Course (program approved by Supt.)\* \_\_\_\_\_

Conference/Workshop/Course Title: \_\_\_\_\_

Date(s) : \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Does this tie into school, district and/or individual goals? \_\_\_\_\_

Specify how: \_\_\_\_\_

Approved: \_\_\_\_\_  
Superintendent

SAU OFFICE	
_____	_____
Initial	Date

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**Course/Conference/Workshop Reimbursement**

**To be resubmitted after course/conference/workshop has been completed with proof of attendance and payment.**

Amount requested: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attachments:

- copy of canceled check, cash receipt or credit card statement
- official copy of grade report or certificate of participation