APPROVAL-COMPLETION FORM FOR NON-MLP USERS

SECTION 1: APPROVAL

Name _____ Date _____ School _____

Activity Details Name _____ Credits _____ Dates _____

Activity Type Course _____ Workshop _____ Conference _____

Activity Costs Tuition $ _____ Registration $ _____ Mileage $ _____ Lodging $ _____ Total Request $ _____

Funding From P.D. _____ Special Ed. _____ Grant _____ School _____ Technology _____

Please provide the account number if this is not being paid by Professional Development Funds: _____

_____ Date: _____
Requestor's Signature

_____ Approved _____ Denied _____ Date: _____ Total $ _____
Administrator's Signature

_____ Approved _____ Denied _____ Date: _____ Total $ _____
Business Office: Jill Laffin

_____ Approved _____ Denied _____ Date: _____ Total $ _____
Sarah Marandos's Signature

SECTION 2: COMPLETION

Reimbursement Request Tuition $ _____ Registration $ _____ Mileage $ _____ Lodging $ _____ Total Request $ _____

_____ Date: _____ _____
Requestor's Signature

_____ Approved _____ Denied _____ Date: _____ Total $ _____
Administrator's Signature

_____ Approved _____ Denied _____ Date: _____ Total $ _____
Business Office: Jill Laffin

_____ Approved _____ Denied _____ Date: _____ Total $ _____
Sarah Marandos's Signature