

PESPA Course Reimbursement Form

Section 1: Approval Prior to Registering

Name: _____ Date: _____

Building: _____

Activity Details

Course Workshop Conference

Name of Activity: _____ Institute: _____

Dates of activity: _____

Cost: _____

Requestor's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

SAU Admin Signature: _____ Date: _____

PD Grant Special Ed Technology School

Budget Account: _____ Requisition/PO: _____

Business Office Signature: _____ Date: _____

Section 2: Completion/Reimbursement

Requestor's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

SAU Admin Signature: _____ Date: _____

Please email course grade or certificate of completion along with proof of payment to Erin Mazzariello