



SHADY SIDE

ACADEMY

PROFESSIONAL DEVELOPMENT PROGRAM STIPEND/REIMBURSEMENT FORM

Date: _____

PARTICIPANT AND OPPORTUNITY INFORMATION

NAME: _____

SCHOOL: CD JS MS SS ADMIN

PROFESSIONAL DEVELOPMENT OPPORTUNITY: _____

DATE(S) ATTENDED: _____

STIPEND

AMOUNT RECEIVED: \$ _____

TOTAL SPENT: \$ _____

AMOUNT REMAINING: \$ _____

***If you have funds that were not spent please attach a check made out to Shady Side Academy in the remaining amount to this form.**

OPPORTUNITY/TRAVEL INFORMATION

RECEIPTS If you have receipts put in "X" in the appropriate box.	PAYMENT TYPE	AMOUNT
	Daily Stipend of Summer Curriculum Project _____ days @ \$100 per day	\$ _____
	Team Leader Stipend for Summer Curriculum Project	\$ _____
	Graduate Course Tuition Costs	\$ _____
	Graduate Course Textbook Cost (Up to \$150 allowed)	\$ _____
	Conference/Workshop Registration Fees	\$ _____
	Mileage Expense	\$ _____
	Lodging Expense	\$ _____
	Meal Expense	\$ _____
	Other:	\$ _____
	Other:	\$ _____
	Other:	\$ _____
TOTAL		\$ _____

*Attach all ORIGINAL receipts and send completed form to Shannon Sciulli

Requestor Signature _____ Head's Approval _____

For Office Use

Faculty Liaison of Professional Development _____