

Kenyon-Wanamingo Schools

Staff Development Book Reimbursement Form

Name _____ Date Submitted _____

Your Position _____ Site: HS _____ MS _____ Elem _____

Title of Book _____ Author _____

1. What Staff Development Goal(s) does your requested book address and how will this request help meet the goal(s)?

\$ _____ Total price of book*(\$50 Max)

*Including tax and shipping. Reimbursement items must have a receipt attached to this form.

Signature of Person Requesting Funds

Date

Signature of Site Staff Development Chair

Date

Signature of District Staff Development Chair

Date

Account Code: E01-____ - 640-000-____ - _____

