

MID-STATE SPECIAL EDUCATION
PO Box 46, 202 Prairie ~ Morrisonville, IL 62546
Phone: (217) 526-8121 ~ Fax: (217) 526-8205
www.midstatespec.org

Professional Development Request

Name of Applicant: _____

Professional Development: _____

Date: _____ Location: _____

Please attach registration form.

Purpose: (please indicate general purpose of meeting and your particular reasons for attending)

Record of Attendance: (please indicate the name, location, and approximate date of the last professional development activity you attended)

Estimated Expenses:

Registration Fee: \$ _____ Mileage: \$ _____ Meals: \$ _____ Lodging: \$ _____

Request for reimbursement must be submitted on the personnel reimbursement form after attendance.

Employee Signature: _____ Date: _____

Approval Section:

Director's Signature (MSSE Central staff): _____ Date: _____

Expenses Allowed: Registration Fee: _____ Mileage: _____ Meals: _____

Lodging: _____ Substitute: _____ Stipend: _____