## **Submission for Reimbursement**

for Curriculum-Professional Development

## PAY RATE \$28/hr.

ne		Employee ID #	Employee ID #	
ation:		Date:		
Date	Time/Period	Purpose	District Account Number (authorized by an administrator)	
	00/hour. This rate will be paid	sates a teacher <b>for any curriculum attendance</b> at p I <b>for any professional development and curriculu</b> m		
		TOTAL REIMBURSEMENT:	\$@\$28/hr=	
		Principal's/Supervisor's Signature		