

Professional Learning Funds Claim for Reimbursement Form



**Submit this form AFTER classes/workshops are completed
SUBMIT ORIGINALS ONLY - DO NOT FAX**

I have attached my original receipt. I hereby claim reimbursement for the following approved individual training:

Name of Course/Workshop: _____

Training Facility Name: _____

Date Paid: _____ Paid to: _____

Date [Professional Learning Funds Pre-Approval Form](#) signed and funds authorized: _____

Please attach: SUBMIT ORIGINALS ONLY - DO NOT FAX

- **Proof of payment** (Original receipt or registration form documenting payment and/or back and front of canceled check).
- **Proof of successful completion of the course.**

College courses must be completed with a "C" grade or higher. Requests for reimbursement must be made within 4 weeks of completion. Submit your *Request for Professional Learning Funds Preapproval Form* **prior** to taking class.

TOTAL DUE \$ _____

I certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Make Check Payable to _____

Student Name (Please print)

Center

Student Signature

Today's Date

Mailing Address (including city and zip code)

Student Number

Phone Number

Supervisor/Center Director Signature

Date

For ESD use only

ESD Early Learning Program Manager

Date

xxxx-21-7140-xxx-0000-5121

