

Kenyon-Wanamingo Schools
Staff Development Pay Reimbursement Claim Form

Name _____ Site: HS _____ MS _____ Elem _____

Name of Workshop _____

Date(s) of Workshop _____

\$ _____ Stipend

\$ _____ Hourly rate _____

\$ _____ TOTAL

Signature of Person Requesting Funds

Date

District Staff Development Chair

Date

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