



**Please Print  
the Staff  
Development  
Check Request  
Form below  
on Yellow  
Paper**

**STAFF DEVELOPMENT & PROFESSIONAL GROWTH  
CHECK REQUEST FORM**

Issue Check To: \_\_\_\_\_  
(Name / Retailer / Organization)

Return Check To: \_\_\_\_\_

**OR**

Mail Check To: \_\_\_\_\_  
(Address - City, State, Zip)

Amount: \$ \_\_\_\_\_ \*\*Date check needed by: \_\_\_\_\_

Claim for Payment Made By: \_\_\_\_\_  
(Signature of Claimant) (Date)

Charge To: \_\_\_\_\_  
(Budget)

Description of Expense: (Receipts Attached)  
\_\_\_\_\_  
\_\_\_\_\_

**Submit mileage and stipend requests on "Stipend-Check Request" form**

Budget Code (General Fund): \_\_\_\_ - E - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Budget Code (Agency Fund): \_\_\_\_ - L - \_\_\_\_ - \_\_\_\_

Approved By: \_\_\_\_\_  
(Supervisor) (Date)

\_\_\_\_\_  
(Superintendent) (Date)

**\*\*Note:** All employee reimbursements will be paid at the next regular board meeting. Other payments will be made at the next regular board meeting unless the due date is before the meeting.