Reimbursement Form

Vita-Learn Individual Member Professional Development Reimbursement Program

Please complete this form and submit it online at:
https://vita-learn.org/profdevgrant/#reimbursement

Name:					
Address:					
City:		State:		Zip:	
Email:					
			Amount of Reimbursement:		

- Attach the following documentation to this form
    1. Proof of completion of activity (e.g. grade report, workshop certificate, etc.)
    2. Proof of personal payment for activity (e.g. photocopy of canceled check or credit card receipt). For mileage, please provide a screenshot of a map displaying the mileage, and use $0.67/mile for calculating reimbursement amount.

The Vita-Learn Individual Member Professional Development Reimbursement Program permits reimbursement only to individual members and not to school districts

Signature:_____

Date:_____