**PAWNEE CUSD #11**

**INVOICE FOR PROFESSIONAL DEVELOPMENT CLAIM**

Staff Member’s Name

Name of College or University where course or courses were taken.

**Course Name and # Date of Courses Number of Hours Cost/Hr Total Cost**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount due to staff member per policy $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The current contract rate is $150.00/credit hour

Max. 12 hours with only 4 hours reimbursable

during fall and spring semesters.

Staff Member’s Signature

Date

**A paid receipt from the above named institution(s) or college(s) and a transcript showing successful completion of the courses must be turned in with this invoice before payment can be approved.**

Payment Approval Date\_\_\_\_\_\_\_\_\_\_

Superintendent’s Signature