



**Staff Development Program (SDP) Request for Reimbursement (2017-18)**

Complete this form and return it to the SDP Coordinator (801 University Union) with your signed original receipts. Reimbursement requests should be submitted within 14 days of completion of the activity. No requests will be accepted after Thursday, May 17, 2018.

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Phone #: \_\_\_\_\_

Department: \_\_\_\_\_

Interoffice Mailing Address: \_\_\_\_\_

<p><b>DO NOT WRITE IN THIS SPACE</b></p> <p>DATE: _____</p> <p>VOUCHER #: _____</p> <p>SIGNATURE: _____</p>
---

**Expense Information:**

Amount: \$ \_\_\_\_\_

Purpose of Expense:

Related Professional Development Activity:

-----

I certify that I have purchased and paid for the above item/service listed, which was for Professional Development activities in my SDP program of work, and should be reimbursed in accordance with SDP policy. Further, I have not received, and will not receive reimbursement for these expenditures from any other source.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

I certify these activities and related expenses supported the above named participant's professional development plan.

\_\_\_\_\_  
Signature of SDP Program Coordinator

\_\_\_\_\_  
Date