

Salida School District R-32-J
PROFESSIONAL DUES REIMBURSEMENT REQUEST FORM FY 2017-18
(See Negotiated Policy GBABA-R2-N)

Name: _____ Building _____
please print

Organization of Membership: _____

Amount of membership fees/dues paid: _____ (ATTACH COPY OF PROOF OF PAYMENT)

Membership Fees or Dues must cover some portion of fiscal year 2017-18 (July 1, 2017 to June 30, 2018). Reimbursement will equal the amount of membership fees/dues or \$50.00, whichever is less.

applicant's signature

date

Approval Signature

Laurie Weber, Business Manager

Revised 10/05/17