

PAWNEE CUSD #11

INVOICE FOR PROFESSIONAL IMPROVEMENT 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
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Amount due to staff member per policy
The 2011-2014 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