**File this form first to the Diocese**

**Diocese of Allentown/Schuylkill IU#29**

**Title II-A**

**Professional Development / Event Reimbursement Estimate**

**2022-2023 School Year**

Requested by:  Date:

Name of School or Office:

Address:

City/State/ZIP:  Phone: (include area code):

Name of Conference or Event:

Date(s) of Conference or Event:

Location of Conference or Event:

Estimated Reimbursement Requested $

(Note: Receipts and/or invoices will be provided after Conference Event takes place)

Facility Fee: $      Will be paid to:

Description:

 Presenter Fee: $ Will be paid to:

 Materials: $ Will be paid to:

 Description:

 Misc: $ Will be paid to:

 Description:

 Workshop $ Will be paid to:

 Description:

**OFFICE OF EDUCATION**

Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Administrative signature on the application is

 Applicant's signature considered assurance that the school has already

 allocated the $1500 annual reimbursement available to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ full time diocesan teachers Principal’s signature .