



# SD71 Professional Study Groups/ Book Clubs Reimbursement Form

*Note: This form can be filled out individually or as a group.  
Maximum request if \$100.-/person per school year.*

Names of participants:

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

Schools represented: \_\_\_\_\_

Title of the book/course/webinar: \_\_\_\_\_

Purpose of this study group? (How will this study benefit your practice in the classroom?)

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

Cost per item (book/registration): \_\_\_\_\_ Number of items: \_\_\_\_\_ Total: \$ \_\_\_\_\_

To be paid out to individual(s) by school mail \_\_\_\_\_ or Mail to home address: \_\_\_\_\_  
(If mailing to home, please provide address below)

**TEACHER (S) TO BE REIMBURSED:**

**SIGNATURE** (please submit an extra page if needed) & **School Location / Home mailing address**

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

Pro-D Chair Approval Signature