



# Socorro ISD

## ATHLETICS

### Staff Development Reimbursement Request

- Proposal must be submitted 30 days in advance
- Please include official Clinic or Conference Schedule or Agenda
- Receipts must be submitted within 1 week of last day of conference/clinic if reimbursement is being requested. Only original receipts indicating proof of payment will be accepted.

**To be completed by attendee:**

Attendees Name: _____
School: _____
Sport: _____
Coaching Position: _____
Name of Clinic/Conference: _____
Date(s) of Clinic: _____
Site: _____
Registration fee: _____ Additional Expenses: _____
Principal's Signature: _____ Date: _____

**To be completed by Athletic Department:**

Requested reimbursement amount: _____	TR#: _____
Athletic Director's Signature: _____	Date: _____

**To be completed by Staff Development Department:**

Received by Staff Development Department: _____	Date: _____
Check #: _____	