Salida School District R-32-J

PROFESSIONAL DUES REIMBURSEMENT REQUEST FORM FY 2019-20

(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 2019-20 (July 1, 2019 to June 30, 2020). Reimbursement will equal the amount of membership fees/dues or $50.00, whichever is less.

_____ _____

applicant's signature **date**

Approval Signature

_____

Shiela Moore, Business Manager

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Revised 05/22/19