

School Year: _____
File Number: _____

**BETHESDA-CHEVY CHASE HIGH SCHOOL EDUCATIONAL FOUNDATION
APPLICATION FOR PROFESSIONAL DEVELOPMENT FUNDS
STATEMENT OF EXPENSES**

Application for Professional Development Funds: This form must be completed, showing estimated expenses, and included with the Application. (The "Actual Expenses" column is to be completed after the program, when reimbursement is requested. Instructions for reimbursement are below.)

Name: _____

Program Information

Program Name	Date(s)	Sponsor	Location

Expenses

Expenses from MCPS Form 281-1	Estimated \$	Actual \$
If funds are requested for out of area travel, please attach MCPS Form 281-1 (Request/Accounting for Out of Area Travel Funds) showing the out of area travel expenses. Total Expenses from Form 281-1:	\$	\$
Expenses Not Included on MCPS Form 281-1		
Registration Fee:	\$	\$
Transportation (itemize):	\$	\$
Meals (itemize):	\$	\$
Other expenses (itemize):	\$	\$
Total Estimated Expenses	\$	\$

To Request Reimbursement of Professional Development Expenses: This form must be completed, signed and certified, and dated, showing the actual expenses incurred and paid, and submitted to the B-CC High School Business Office **within 30 days following completion of the approved program** to apply for reimbursement of actual expenses incurred. **Substantiation and receipts must be attached!**

Please prepare an original and two printed or digital copies of the completed form, including all attachments. Submit all original documents to the Business Office for review and payment. Provide one complete copy to the Foundation's Grant Administrator, by email to bcchsedfoundation@gmail.com (with "Professional Development Reimbursement Request" in the subject line) or by leaving a copy in the Foundation's mailbox at B-CC High School. (If a copy is left in the Foundation's mailbox, please send an email to the Grant Administrator to let him or her know.) Please also keep a copy for your records.

Failure to submit the Request for Reimbursement within 30 days following completion of the program may result in denial of your reimbursement.

NOTE: If actual expenses exceed the approved estimated expenses, the Principal's written approval of the actual amounts is required for reimbursement.

TO BE SIGNED WHEN THE STATEMENT OF EXPENSES IS SUBMITTED SHOWING ACTUAL EXPENSES FOR REIMBURSEMENT: I certify that the above statement of actual expenses incurred and paid by me is complete and accurate in all respects.

Signature of Teacher/Staff Member

Date Submitted