

POTOSI R-3 SCHOOL DISTRICT
PDC **WORKSHOP** REQUEST/REIMBURSEMENT FORM
2026-2027

Name _____ Date _____

Position _____ Principal _____

Title of workshop _____

Location _____ Dates(s) _____

Teacher request _____ Administrator request _____

Indicate with which School Improvement Goal this workshop most closely aligns;

- _____ Improve achievement for all students by utilizing quality instruction and resources
_____ Recruit, attract, develop and retain highly qualified staff to carry out the mission, vision and beliefs of the district
_____ Strive to increase communication and relationships with patrons of the district

List any workshops you have attended this year which have been reimbursed by PDC funds:

Estimate total expenses:

Amount requested

Actual Expenditure

Travel (see mileage chart)		
Lodging		
Registration		
Food (see Meal Limitation Chart)		
Banquet (if applicable)		
Substitute (\$85)		
_____ (other – please specify)		
TOTAL		

List other sources of funding that have been considered. (Title I Funds, Title II Funds, regular budget, A+ Grant, etc.)

List anyone with whom you will be traveling. _____

How do you expect to apply the knowledge from this workshop?

How do you intend to share the knowledge from this workshop? (e.g., present local workshop, informal sharing with other grade level/subject area teachers, teacher's meetings, etc.)

Please attach any additional information to be considered with this application. (e.g., copies of agenda, program, registration form etc.)

Applicant Signature

Date

Principal Signature

Date

PDC Member Signature

Date

PDC Comments: _____