



Building Today's Students Into Tomorrow's Workforce

932 Harrison Street ♦Galesburg, IL 61401 ♦(309) 734-6822

FY26 Professional Development Request Form

Please email completed and signed form to Emily Smith at esmith@roe33.net

PART ONE: PRE-APPROVAL

Name: _____ School District: _____

CTE Program Area: _____ Date(s) of Activity: _____

Professional Development Event Name: _____

Location of PD Activity: _____

Would you like Delabar to sponsor PD for this event? (circle one): YES NO

If Yes- a Professional Development Sponsor form will be sent and completion is required in order for hours to be issued. Please note that PD can only be sponsored by Delabar for approved PD activities that are not offered through an Illinois Approved PD Provider

Would you like Registration Prepaid? (circle one): YES NO LINK: _____

Please provide registration link or attach registration form to this request if you want registration prepaid

Is a Substitute Required? (circle one) YES NO

If yes, please provide invoice from school for payment

Estimated Expenses		
Registration Fee:	Hotel:	Transportation: (Mileage 0.70/mile)
Meals:	Sub-Fees (# of Days x Rate):	Estimated Total:

PRE-APPROVAL

District Administrator Signature: _____ Date: _____

System Director Signature: _____ Date: _____



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FY26 Professional Development Reimbursement Form

Please email completed and signed form to Emily Smith at esmith@roe33.net

PART TWO: REIMBURSEMENT

Please Provide this Page Along with the supporting documentation once the PD event has been completed.

Please allow 30 days for all reimbursement requests to be processed

Educator Name:		
Address to Mail Check:		
Name and Date of PD:	Name:	Date(s):
PD Hours Sponsored by Delabar	Must include completion evidence & PD Sponsor Form for PD hours to be issued	IEIN#: Hours:
	Description	Cost \$\$
Registration Cost:	*Only include if this was paid by you	
Hotel:		
Transportation: *Mileage @ 0.70/per mile - must include google maps print-out. Tickets ie. airline, train, parking fees, Uber, etc.		
Meals: *Receipts are not allowed to have any alcoholic drinks listed, otherwise they will not be eligible for reimbursement.		
Total Reimbursement:		\$

System Director Final Approval: _____ Date: _____

ADMIN USE ONLY	Account:	Total:
FY:		<input type="checkbox"/> Credit Card <input type="checkbox"/> Check
Date:	Issue To:	