

For Office Use Only  
 Original to Finance  
 Copy to Staff PD File

Date:  
 Copy to Staff Member:  
 Account #:



**COPESD**  
 TO ENGAGE LEARNERS IN WAYS  
 THAT FOSTER GROWTH & SUCCESS

## Professional Development Activity Post Approval Form

<b>Name:</b>
<b>Expenses for (Name of Activity &amp; Date):</b>
<b>Describe what you learned that will assist you in your assignment:</b>
<b>Describe how you plan to disseminate information to your peers:</b>

<i>Attach ALL Receipts</i>							
Date	Registration	Lodging	Meals	Travel	Other	Pd. w/COP Purchase Card	Reimburse Employee
	\$	\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
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	\$	\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>

<b>Approval and Date:</b> Supervisor	Date
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