

Foundation for Educational Excellence
P.O Box 56
Northfield, MA 01360

Professional Development Reimbursement

Staff Member: _____

School: _____

Title of program or description of what will be purchased:

Total cost: _____ Amount to be reimbursed: _____

Principal's signature

Staff member's signature

To whom the check should be made out to: _____

Address the check should be mailed to: _____

Please mail this form to FEE (address above) or email to pvrfee@yahoo.com or FEE@pioneervalley.k12.ma.us. If emailing, names may be typed instead of signed and if you are a staff member, please have your principal email FEE with a note of approval.