

**Callaway Public Schools  
Teacher Application for Reimbursement  
Mandatory Summer Workshops**

Name: \_\_\_\_\_ Subject Taught: \_\_\_\_\_

Workshop Attended: \_\_\_\_\_

Purpose of Workshop: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of Workshop: \_\_\_\_\_ Date of Workshop: \_\_\_\_\_

Amount of Stipend Received: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request Approved: \_\_\_\_\_ Request Denied: \_\_\_\_\_

Reason (If Denied): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administration Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Office Use Only***

| Annual Salary | ÷ | Contracted Days | = | Daily Rate of Pay | - | Stipend Received | = | Stipend to be Paid |
|---------------|---|-----------------|---|-------------------|---|------------------|---|--------------------|
|               |   |                 |   |                   |   |                  |   |                    |

Date Paid: \_\_\_\_\_ Processed by: \_\_\_\_\_