



A SIGN LANGUAGE INTERPRETING RESOURCE, INC.

## Professional Development Reimbursement Form

Name		Position	
Supervisor		Event Start Date	
Amount Requested		Event End Date	

**Stipend Request for:** (attach brochure, literature, etc.)

---



---



---

**Type of Stipend Requested:**

Direct Payment to: (Attach completed registration form)

---



---



---

**\*\*Note.** This request type only good for seminar or conference.  
You must still provide proof of completion.

Employee Reimbursement

**For Supervisor Use:**

Approved for amount of \$ \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Not Approved. Reason: \_\_\_\_\_

In order to receive reimbursement, I understand that I must be responsible for attending and completing the event/class. Once completed, I will receive my reimbursement from SignOn.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date

*Your Communication in Our Hands*

SignOn: A Sign Language Interpreting Resource, Inc. · 130 Nickerson, Ste 107 · Seattle, WA 98109  
P: 206-632-7100 · TTY: 206-632-7200 · F: 206-632-0405 · Email: [Terps@SignOnASL.com](mailto:Terps@SignOnASL.com) · [www.SignOnASL.com](http://www.SignOnASL.com)