



Baldwin-Whitehall School District
Request for Approval and Payment of Professional Dues

Name _____

Date _____

Title _____

I request payment to be made for dues for membership in the following professional education organization: **Must include Invoice/Back-Up Materials and attach.**

Organization _____

Period Covered _____

Dues Amount _____

Signed _____

SUBMIT TO HR OFFICE

Do Not Write Below This Line	
Prior dues reimbursed	_____
Request Received	_____ <input type="checkbox"/> approved <input type="checkbox"/> *rejected
*Reason for Rejection	_____ _____
Amount approved for Payment	_____
	Superintendent _____
	Date _____