**Professional Learning Communities at Work** **™**

**DuFour Event New Orleans, Louisiana**

**August 27-28, 2013**

**REQUEST FOR REGISTRATION REIMBURSEMENT**

**District Name:**

**Address:**

**City/State/Zip:**

**District Contact for reimbursement** (name and e-mail):

**This form is for single site Charter Operators not receiving SRCL grants.**

**The state will cover the cost of registration for 1 participant at $485.00 each, for a total of $485.00.**

Reimbursement for registration costs are being requested as follows:

**Number of Participants:**

**Total Amount of Reimbursement for this event:** $

**Return by Friday, September 6, 2013**

**Due date extended to September 20, 2013**

**Superintendent Name** (Please Print)

**Signature** (Must be signed for reimbursement)

**Federal claims should be signed, scanned, and sent to the email address below:**

[LDOE.FederalClaims@la.gov](mailto:LDOE.FederalClaims@la.gov)