Professional Development Credit Course

# Credit Reimbursement Form

**NOTES:** Complete information below and return to Bob Heitkamp at rheitkamp@marketplacend.org or mail to
106 Matthews Street - Suite B PO Box 9 - Mandator, ND 58058
Questions? Contact Jeni Peterson at jeni.peterson@mayvillestate.edu or (701) 788-4718

## COURSE REGISTRANT INFOMRATION:

| | | | | | |
|---|---|---|---|---|---|
| Name | | | | Date | |
| Teaching Grade | | School/Mailing Address | | | |

## COURSE INFOMRATION:

| | |
|---|---|
| Registered University | Mayville State University |
| Education Day Attended (Virtual / In-Person) | |

## REIMBURSEMENT INFORMATION:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Contact Person | | | | Telephone Number | | | |
| Payable To | | | | | | | |
| Mailing Address | | City | | ST | | ZIP | |

**I certify this request is correct and complete and that all expenditures are accurate.**

Signature _____ Date _____

## FOR OFFICE USE ONLY

| Rate of Payment | Total | Marketplace for Kids Approval | Date |
|---|---|---|---|
| $55.00 | $55.00 | | |
| Comments | | | |