

## CASA / SDP Professional Growth Partnership 2018

The CASA / SDP Professional Growth Partnership Fund provides for a \$600.00 award for all members that serves to reimburse you for an expense that will enhance your professional practice. In order to maintain this benefit, we are required to demonstrate that we are exercising sound professional judgment in the ways this money is spent. The funds are proprietary property of the School District of Philadelphia, and must be spent in a sound fiduciary manner.

Please adhere to the following guidelines when considering your expenditures. Call our office with any questions, as to the appropriateness of a particular purchase ***before*** you buy! The money may be used for the following:

- **Tuition reimbursement** for course work, taken for advanced degrees, additional certification, and/or fulfillment of continuing education requirements (Act 45/48.)
- **Professional Conferences and Conventions** –Costs associated with attendance at local, state, and national conferences including transportation, lodging, registration, and meals (totaling \$45 per day). NOTE: CONFERENCES AND CONVENTIONS must enhance your competency and knowledge in your current professional position assignment.
- **Professional Association Memberships and Meetings** – Covers annual dues paid to Professional Organizations and costs associated with the attendance at meetings of these organizations, such as ASCD.
- **Professional Resource Materials** – Purchase of job-related publications, videos, compact discs, and professional journal subscriptions.
- **Computer Hardware and Software** – Purchase of computers and peripherals as well as software related to the performance of one's job. Peripherals include printers, scanners, copiers, cellular phones, and monitors without tuners. Ink, cell phone cases and cords are permissible only when purchased with a printer and/or cellular phone. **Receipts must demonstrate the payment of the cellular phone in full at the time of the purchase.**

The following items and categories are **excluded** from reimbursement:

- Monthly charges or service fees for cell phones, PDA's, Blackberrys, etc.
- Television sets
- Digital cameras & video cameras
- Projectors
- Furniture
- Office supplies
- Incentives or rewards for students, staff and school families
- Food or other refreshments
- iPods, MP3 players, all peripherals for these items
- Equipment, materials and/or supplies for students, school families, and staff use.
- No duplications

All purchases should be for the use and professional benefit of the member only, and not for use by any other persons or staff members, e.g. projector for staff PD.

Submission of all applications for reimbursement will commence on June 1, 2018. The application must be accompanied by **original receipts** and be received in the CASA office no later than **4:00 PM on Friday, June 29, 2018.**

**Approved Applications received by June 15, 2018 will be funded by June 30, 2018**

Mail to: CASA Teamsters Local 502  
855 North Broad Street  
Philadelphia, PA 19123

**THERE WILL BE NO EXTENSIONS OR EXCEPTIONS – ABSOLUTELY NO COPIES OR FACSIMILES OF THE RECEIPTS!**

**Any questions??? Call before making purchases @ 215-236-7222**

APPLICATION FOR REIMBURSEMENT  
FROM THE CASA / SDP 2018 PROFESSIONAL  
GROWTH PARTNERSHIP FUND

OFFICE USE ONLY:

Approved by \_\_\_\_\_  
Date \_\_\_\_\_  
Amount \_\_\_\_\_  
Check # \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Work Location \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal email: \_\_\_\_\_

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Please complete for the appropriate expenditure. Original receipts must be attached.

- **Tuition Reimbursement**

Description of course: \_\_\_\_\_  
\_\_\_\_\_

Provider \_\_\_\_\_

Cost \$ \_\_\_\_\_

- **Conference/Convention/Meetings**

Name of conference/convention: \_\_\_\_\_

Date/s of attendance \_\_\_\_\_

Cost – Entrance Fee \$ \_\_\_\_\_ Meals \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_ Lodging \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

- **Purchases**

List and describe each purchase:

1. \_\_\_\_\_ Cost \_\_\_\_\_

2. \_\_\_\_\_ Cost \_\_\_\_\_

3. \_\_\_\_\_ Cost \_\_\_\_\_

4. \_\_\_\_\_ Cost \_\_\_\_\_

Total \$ \_\_\_\_\_

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Total Amount requested from all criteria noted above \$ \_\_\_\_\_

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