

East Tallahatchie School District

WORKSHOP/CONFERENCE APPROVAL FORM

SCHOOL YEAR 2024-2025

Name: _____

Date(s) of Meeting: _____

Location: _____

Title and Description of Meeting: _____

Learning Objective Addressed: _____

Personal Growth Objective Addressed: _____

Registration: _____

Lodging Cost: _____

Meals: _____

Mileage: _____

Miles @ .655 per Mile = \$ _____

Cost for Substitute Teacher: _____

Agency (Fund) Responsible for Costs: _____

(Agency responsible should be completed by the school site administrator and signed below by the program director.)

***I understand that permission to travel is not granted until I have in my possession a copy of an approved Form 202. I further understand that travel is limited to two trips per year unless specifically designated by the Superintendent. If approved for this travel I agree to provide a brief presentation to the staff of my school or district during the next faculty meeting in order to share the related information I gained from this travel. The district shall not be held financially responsible for travel outside of these guidelines.*

Teacher's Signature

Approval _____	Non-Approval _____	Code: _____
		Signature/Program or Grant Director _____

Approval _____	Non-Approval _____	Signature/Building Principal _____
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Approval _____	Non-Approval _____	Signature/Professional Development Coordinator _____
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Approval _____	Non-Approval _____	Signature/Superintendent _____
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The principal, teacher, and the professional development coordinator will keep a copy of this form. A copy must be attached to your travel voucher when it is submitted for payment.