

WORKSHOP APPROVAL / TRAVEL REQUEST FORM

| | | | | | |
|---|--|--|--------------------------|---|--|
| Date of Request: _____ | | Workshop: <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> In-House <input type="checkbox"/> In-County <input type="checkbox"/> Out-of-County <input type="checkbox"/> Out-of-State | |
| Are the following items attached to this approval? | | <input type="checkbox"/> Agenda/Email Description | | <input type="checkbox"/> MapQuest (if applicable) | |
| | | <input type="checkbox"/> Budget Analysis for Fund Source to ensure available funds (applicable for Title I & II) | | | |
| Employee Name: _____ | | Employee Signature: _____ | | | |
| Address: _____ | | School: _____ | | | |
| Title of Workshop or PD Activity: _____ | | | | | |
| Date(s) of Travel: _____ | | | Time(s) of Travel: _____ | | |
| Is this professional development tied to your school's aCIP? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Explanation: _____ | | | |
| Workshop/Travel Required: Yes <input type="checkbox"/> No <input type="checkbox"/> | | If yes, by whom: _____ | | | |
| Substitute Required? Yes <input type="checkbox"/> No <input type="checkbox"/> | | ____-5 - _____ - 335 ----- _____ | | | |
| Estimated Costs (this is the maximum amount that will be reimbursed): | | | | | |
| Registration/Travel: | ____ - 5 - _____ - 389 - _____ - _____ - _____ - _____ | \$ | _____ | | |
| Mileage @ 0.625 per mile - # of miles: | | \$ | _____ | | |
| Meals - \$10.00 Breakfast; \$15.00 Lunch; \$25.00 Dinner | | \$ | _____ | | |
| Hotel - # of nights: | | \$ | _____ | | |
| Commercial Transportation | | \$ | _____ | | |
| Other - Explanation: | | \$ | _____ | | |
| Total Estimated Costs: | | | \$ | _____ | |

As principal/administrator, I have verified and ensure that funds are available in the following funding source for this professional development/activity:

- | | | |
|--|---|---|
| <input type="checkbox"/> Title I – Local School | <input type="checkbox"/> Individual Employee | <input type="checkbox"/> McKinney Vento |
| <input type="checkbox"/> Title I – District | <input type="checkbox"/> General Fund ** | <input type="checkbox"/> IDEA – B |
| <input type="checkbox"/> Title II – Local School | <input type="checkbox"/> Perkins | <input type="checkbox"/> IDEA – B Preschool |
| <input type="checkbox"/> Title II – District | <input type="checkbox"/> Other – Specify: _____ | <input type="checkbox"/> Local School – Activity: _____ |
| <input type="checkbox"/> Title III | | |

Approved _____ Date _____
Principal / Administrator

| | | | | |
|--|--------------|---|---|--------------|
| Signatures indicate that based on the information presented this professional development activity is allowable. | | | | |
| Program Director ^ _____ | | Date _____ | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Explanation* |
| For all General Fund: | | For all Title I, II, III or McKinney Vento Funds: | | |
| CSFO _____ | Date _____ | Fed Prog Admin _____ | Date _____ | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Explanation* | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Explanation* | |
| Superintendent Signature: _____ | | Date: _____ | | |
| | | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | |
| | | Explanation* | | |
| ** If this option is selected, an approved copy shall be given to Accounts Payable. | | | | |

^Program Administrator/Director:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Tisha Scott-Addison – Secondary Schools/Counselors • Tony Camara – Library Media Specialists/Technology • Holly McNider – Elementary Schools • Sharon Streeter – Special Education | <ul style="list-style-type: none"> • Amber Anderson – Bookkeepers/General Fund • Neil Messick – Transportation • Kristen Dial – Federal Programs |
|---|---|

*Explanation: _____