

## 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 ----- _____			
<b>Estimated Costs (this is the maximum amount that will be reimbursed):</b>					
Registration/Travel:	____ - 5 - _____ - 389 - _____ - _____ - _____ - _____	\$	_____		
Mileage @ 0.655 per mile - # of miles:		\$	_____		
Meals - \$10.00 Breakfast; \$15.00 Lunch; \$25.00 Dinner		\$	_____		
Hotel - # of nights:		\$	_____		
Commercial Transportation		\$	_____		
Other - Explanation:		\$	_____		
			<b>Total Estimated Costs:</b>	\$	_____

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.	
<b>Program Director</b> ^ _____ Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Explanation*	
For all General Fund:  <b>CSFO</b> _____ Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Explanation*	For all Title I, II, III or McKinney Vento Funds:  <b>Fed Prog Admin</b> _____ Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Explanation*
<b>Superintendent Signature:</b> _____ Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Explanation*	
<b>** If this option is selected, an <i>approved</i> copy shall be given to Accounts Payable.</b>	

**^Program Administrator/Director:**

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

\*Explanation: \_\_\_\_\_