



# Marengo County

## SCHOOL DISTRICT

### PROFESSIONAL DEVELOPMENT FUNDING REQUEST FORM

**FORM MUST BE COMPLETED AND SUBMITTED NO LATER THAN 10 DAYS PRIOR TO THE CONFERENCE.  
A CONFERENCE AGENDA AND REGISTRATION FORM SHOULD BE ATTACHED.**

EMPLOYEE NAME: \_\_\_\_\_

SCHOOL/ DEPARTMENT: \_\_\_\_\_ DATES OF CONFERENCE \_\_\_\_\_ to \_\_\_\_\_

TITLE OF CONFERENCE: \_\_\_\_\_

LOCATION OF CONFERENCE: \_\_\_\_\_ DATES OF TRAVEL \_\_\_\_\_ to \_\_\_\_\_

**MODE OF TRAVEL**

- PERSONAL VEHICLE
- RIDE WITH CO-WORKER
- N/A

**SUBSTITUTE REQUIRED**

- YES
- NO
- DATES FOR SUBSTITUTE \_\_\_\_\_

**FUNDING SOURCE**

- LOCAL SCHOOL PUBLIC FUNDS
- LOCAL SCHOOL NON-PUBLIC FUNDS
- Name of Local School Account* \_\_\_\_\_
- ARI / OMI
- CNP
- FEDERAL CAREER TECH

- FEDERAL PROGRAMS (TITLE I, II, III, IV, or V)
- SPECIAL EDUCATION
- STATE PROFESSIONAL DEVELOPMENT ALLOCATION
- TECHNOLOGY
- OTHER \_\_\_\_\_

TOTAL ESTIMATED EXPENSE \$ \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINCIPAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FEDERAL PROGRAMS DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

CNP DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

K12 INSTRUCTIONAL LEADER: \_\_\_\_\_ DATE: \_\_\_\_\_

TECHNOLOGY/ CTE DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

CSFO: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERINTENDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*Federal Program Coordinator always approves if estimated expenses are funded with federal funds.**  
**\*\*\*Superintendent approves only if funded by local school/department and total estimated expenses are greater than \$500.00.**  
**\*\*\*\*Please attached approved Professional Development Request form to travel reimbursement form.**