

WORKSHOP APPROVAL / TRAVEL REQUEST FORM

Date of Request: _____ Workshop: Yes No In-House In-County Out-of-County Out-of-State

Are the following items attached to this approval? Agenda/Email Description MapQuest (if applicable)
 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 No Explanation: _____
 Workshop/Travel Required: Yes No If yes, by whom: _____
 Substitute Required? Yes No ___ - 5 - _____ - 335 - _____ - _____ - _____ - _____

Estimated Costs (this is the maximum amount that will be reimbursed):	
Registration/Travel: _____ - 5 - _____ - 389 - _____ - _____ - _____ - _____	\$ _____
Mileage @ 0.585 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: CSFO _____ Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Explanation*	For all Title I, II, III or McKinney Vento Funds: Fed Prog Admin _____ Date _____ <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 <i>approved</i> copy shall be given to Accounts Payable.	

- ^Program Administrator/Director:**
- | | |
|--|---|
| <ul style="list-style-type: none"> • Tisha Scott-Addison – Secondary Schools/Counselors • Felissa Clemons – Library Media Specialists/Technology • Cathy Loftin – Elementary Schools • Sharon Streeter – Special Education | <ul style="list-style-type: none"> • Amber Anderson – Bookkeepers/General Fund • Neil Messick – Transportation • Rachel Surlles – Federal Programs |
|--|---|

*Explanation: _____