



### CONFERENCE/STAFF DEVELOPMENT/MEETING REQUEST

Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Activity \_\_\_\_\_

Date(s) \_\_\_\_\_ Location \_\_\_\_\_  
(City) (State)

Educational Plan: Please complete the Educational Plan area on this form. If available, please attach a copy of the program announcement for the activity.

#### Estimated Expenses:

Hotel/Motel	\$ _____
Registration Fee	\$ _____
Air Flight	\$ _____
Train	\$ _____
Meals (overnight only)	\$ _____
Car-Miles _____	\$ _____
Car Pooling	\$ _____
Other _____	\$ _____
<b>Total Estimate*</b>	\$ _____

Approval/Disapproval Action:	
_____	Approved _____
Immediate Supervisor	Disapproved _____
Date	Approved _____
Business Office	Disapproved _____
Date	Approved _____
Superintendent	Disapproved _____
Date	Approved _____

**\*Expenditures not pre-approved and costs exceeding the approved request may not be reimbursed. All requests for reimbursement, along with receipts, are due to the business office within 14 days of conference attendance.**

#### Please check all that apply:

- Grant Requirement       Grant Funded       Conference Presenter       Professional Development  
 Certification Requirement       Professional Association Responsibility       Award Recipient  
 Other (please explain)

**Meal Allowance** (reimbursement will not exceed \$30/day): **Account Number** \_\_\_\_\_

Breakfast: \$5.00 (to be assigned by building principal or grant coordinator)

Lunch: \$10.00

Dinner: \$20.00

#### Educational Plan (Must indicate how this training aligns with the School/District Improvement Plan):

---



---



---

#### Plan for dissemination or utilization of information to appropriate staff members/constituents:

---



---



---