



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 _____	\$ _____
Total Estimate*	\$ _____

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

***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:
