

# Request for Workshop/Activity/Meeting

Request Number: \_\_\_\_\_

Name/s \_\_\_\_\_  
\_\_\_\_\_

Title of Workshop: \_\_\_\_\_

Workshop Location: \_\_\_\_\_

Hotel: \_\_\_\_\_

Dates Hotel Needed: \_\_\_\_\_

Purpose of the workshop:

Date/s of the workshop: \_\_\_\_\_

Substitute needed:  yes  no

## PROJECTED EXPENSES:

1. Mileage \_\_\_\_\_ miles at \$0.25/mi \$ \_\_\_\_\_

2. Transportation other than automobile \$ \_\_\_\_\_

3. Parking \$ \_\_\_\_\_

4. Food for \_\_\_\_\_ days for \_\_\_\_\_ people\* \$ \_\_\_\_\_

[\$5=breakfast, \$10=lunch, \$15=supper]

\*Overnight trips only or with permission of the Supt.

5. Prepaid banquet tickets for \_\_\_\_\_ people at \$ \_\_\_\_\_/person \$ \_\_\_\_\_

6. Estimated hotel/motel cost \$ \_\_\_\_\_

[Room will be paid at 100% with the proviso that the Board of Education reserves the right to reject amounts above reasonable and customary]

7. Tuition/Fee \$ \_\_\_\_\_

8. Other: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSES \$ 0

**All receipts for parking, travel, room, food, etc are to be turned into the Supt office upon return and excess money returned.**

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date of request

\_\_\_\_\_  
Principal signature

\_\_\_\_\_  
Date of approval

\_\_\_\_\_  
Superintendent signature

\_\_\_\_\_  
Date of approval

Funding Source \_\_\_\_\_

### Office Use:

Given Miscellaneous Check on \_\_\_\_\_ # \_\_\_\_\_

Paid/Mailed fee/tuition on \_\_\_\_\_ # \_\_\_\_\_

Paid/mailed banquet tickets on \_\_\_\_\_ # \_\_\_\_\_

## Additional Questions For Professional Development Activities

1. How will this activity enhance your ability to perform your job function? How will you apply the knowledge/learning to your work?
2. How will you ensure sustained growth and development regarding information gained/learned from this professional development activity?
3. How will you share knowledge gained with others in your building or department? In what time frame?