

## WORKSHOP APPROVAL / TRAVEL REQUEST FORM

Date of Request: _____		Workshop: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In-House <input type="checkbox"/> In-County <input type="checkbox"/> Out-of-County <input type="checkbox"/> Out-of-State	
Are the following items attached to this approval?		<input type="checkbox"/> Agenda/Email Description		<input type="checkbox"/> MapQuest (if applicable)	
		<input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Explanation: _____					
Workshop/Travel Required: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, by whom: _____			
Substitute Required? Yes <input type="checkbox"/> No <input type="checkbox"/> ___ - 5 - _____ - 180 - _____ - _____ - _____ - _____ (includes 230, 240,250)					
<b>Estimated Costs (this is the maximum amount that will be reimbursed):</b>					
Registration/Travel:		___ - 5 - _____ - 389 - _____ - _____ - _____ - _____		\$ _____	
Mileage @ 0.58 per mile - # of miles:				\$ _____	
Meals - \$10.00 Breakfast; \$15.00 Lunch; \$25.00 Dinner				\$ _____	
Hotel - # of nights:				\$ _____	
Commercial Transportation				\$ _____	
Other - Explanation:				\$ _____	
<b>Total Estimated Costs:</b>				<b>\$ _____</b>	

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.			
<b>Program Director</b> ^ _____		Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Explanation*	
For all General Fund:		For all Title I, II, III or McKinney Vento Funds:	
<b>CSFO</b> _____ Date _____		<b>Fed Prog Admin</b> _____ Date _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Explanation*		<input type="checkbox"/> Approved <input type="checkbox"/> Denied Explanation*	
<b>Superintendent Signature:</b> _____		Date: _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Explanation*	
** If this option is selected, an <b>approved</b> copy shall be given to Accounts Payable.			

**^Program Administrator/Director:**

- Tisha Scott-Addison – Secondary Schools/Counselors
- Felissa Clemons – Library Media Specialists/Technology
- Cathy Loftin – Elementary Schools
- Amy Tucker – Special Education

- Alisa Benson – Bookkeepers/General Fund
- Neil Messick – Transportation
- Glenda Driskill – 21<sup>st</sup> Century
- Rachel Surlis – Federal Programs

\*Explanation: \_\_\_\_\_