

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)					
Estimated Costs (this is the maximum amount that will be reimbursed):					
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: _____		\$ _____			
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.		
An <i>approved</i> copy shall be sent to: Chapter One; Original shall be sent to Bookkeeper.		

^Program Administrator/Director:

- Tisha Scott-Addison – Secondary School/ Coaches/Counselors
- Tisha Scott-Addison – Library Media Specialists
- Cathy Loftin – Elementary/Technology
- Amy Alford – Special Education

- Alisa Benson – Bookkeepers
- Neil Messick – Transportation
- Glenda Driskill – 21st Century
- Rachel Surlis – Federal Programs

*Explanation: _____