PROFESSIONAL DEVELOPMENT/TRAVEL REQUEST FORM

Name of Applicant: _____ Date of Application: _____

School: _____ Position: _____

Request Approval for: _____ Conference _____ Visitation _____ Other _____ Training

Sponsor and title of conference/location: _____

Purpose of conference/visitation: _____

_____

I am requesting consideration for 100 hours requirement credit: _____ Yes _____ No

If yes, attach a copy of current Professional Improvement Plan: _____

DATE(S)	LOCATION	MILES	DESCRIPTION OF TRAINING SESSION
	Total miles (A)		

Name of hotel/motel: _____

Emergency telephone number: _____

Estimated Expenses:

Registration		Lodging	
Transportation		Meals	
Mileage Reimbursement Total Miles (A) _____ x $.31=		Other Expenses*	
Tolls		Maximum Approved Expenses	

*Please identify: _____

_____ APPROVED with credit toward one hundred hour requirement

_____ APPROVED without credit toward one hundred hour requirement

PRINCIPAL/SUPERVISOR: _____ Date: _____

DIR. of CURRICULUM & INSTRUCTION/
SCHOOL BUSINESS ADMINISTRATOR: _____ Date: _____

SUPERINTENDENT: _____ Date: _____

BOARD APPROVAL DATE (if required): _____

See instructions attached.

PROFESSIONAL DEVELOPMENT INSTRUCTION

(Please read carefully)

1. Complete form and submit to your supervisor.

2. Upon receiving all required signatures or Board approval, if required, a purchase order must be issued prior to the event to the vendor if a workshop fee is to be paid and a separate purchase order must also be issued for anticipated travel expenses approved for the employee.

3. A copy of the employee's driver's license and current insurance card with a copy of the Professional Development Request Form must be attached to the purchase orders.

4. Travel reimbursement for meals for in-state events is not permitted.

5. Upon attending the event, a Travel Expense Voucher Form must be submitted along with a Professional Development Post-Program Form. Travel vouchers should be submitted monthly and no later than 30 days beyond the event date.

6. No travel vouchers for prior school year will be paid beyond July 30th.

TRAVEL EXPENSE VOUCHER FORM

Name: _____ Date: _____

PLEASE COMPLETE THE FOLLOWING APPLICABLE ITEMS FOR REIMBURSEMENT:

DATE	DESCRIPTION/LOCATION	ACTUAL MILES	REIMBURSE -MENT (Mileage x $.31)	TOLLS	PARK-ING	HOTEL COST FOR OUT OF STATE TRAVEL ONLY	OTHER	DESCRIPTION	TOTAL

Grand Total: $_____

INSTRUCTIONS: (Please read carefully)

1. This form will not be honored unless prior written approval is shown on the Professional Development/Travel Request Form and a purchase order was issued prior to attending training. Voucher cannot exceed Board or Superintendent's pre-approved amounts.
2. Attach all receipts, as they are required for reimbursement.
3. Mileage reimbursement should be calculated based on the lesser mileage between home and the location of the event or from work to the event (i.e. employee lives in Toms River and training session is to be held in Neptune, the mileage reimbursement should be calculated from Point Pleasant). The employee should attach how mileage was confirmed, such as a print out from MapQuest or similar program, or use district chart attached if location applicable.
4. Voucher forms must be submitted monthly, no later than 10 days from the end of the prior month in which travel occurred. Under Board Policy #6471 and State Regulation 6A:23A-7.13(g), no travel reimbursements for prior year will be made beyond July 30th.
5. Professional Development Post-Program Form must be submitted with this form if registration paid by Board.
6. Hotel cost for travel within New Jersey is not permitted unless a commissioner waiver is granted. Out of state travel is subject to Federal Government maximum GSA amounts.

I hereby certify that the itemized expenses are just, true and correct and that the balance claimed is actually due and owing.

_____ Date _____
Employee Signature

_____ Date _____
Supervisor Signature

* Board approval is required for total annual travel in excess of $1,500.

PROFESSIONAL DEVELOPMENT POST-PROGRAM FORM

Name of Workshop: _____

Sponsored By: _____

Date: _____ Date Approved by Board: _____

Location: _____

Person Attending: _____

Post-Program Report: _____

_____

_____

_____

_____

_____

_____

_____

Reviewed: _____ Date: _____
Principal

Signed: _____ Date:_____
Employee

STANDARD DISTRICT-WIDE MILEAGE FORM

LOCATION	MILEAGE
Atlantic City, NJ	140 miles r/t
Robbinsville, NJ	76 miles r/t
Mt. Laurel, NJ	136 miles r/t
Mt. Olive, NJ	158 miles r/t
Toms River, NJ	11 miles r/t
Plainsboro, NJ	112 miles r/t
Lanoka Harbor, NJ	50 miles r/t
Piscataway, NJ	100 miles r/t
East Brunswick, NJ	72 miles r/t