Professional Development Conference/Travel Request Form

All requests must be submitted and approved by your direct supervisor.
Attach a flyer outlining the conference/travel activity.

Name: _____ **Today's Date** _____

FOCUS Identify specifically the focus area(s) your professional conference/travel activity will address:

ACTIVITY EXPLANATION

Name of Activity _____
Location _____
Date (s) _____

DISSEMINATION OF INFORMATION Specifically explain how and with which staff members you will share the information and/or materials you receive.

ESTIMATED TOTAL COST Please itemize the total cost of your proposed activity. Include any applicable tax in your estimate.

Registration			
Transportation:	◯ Airfare ◯ Personal Vehicle ◯ District Vehicle		
Lodging		Provide # of Nights _____	
Meals			
Mileage	*.565 per mile*	Provide # of Miles _____	
Misc. *(Specify)*			
		Total Estimated Amount	0
		Funding Resource	

Meal Reimbursement Allowances

Without an original or itemized receipt:		*With an itemized receipt:*	
Breakfast	$5.00	Breakfast	$5.00
Lunch	$7.00	Lunch	$9.00
Dinner	$14.00	Dinner	$16.00

Requestor _____ **Date** _____

Supervisor _____ **Date** _____