

Request for Professional Day PER TEACHER'S CONTRACT

TITLE OF CONFERENCE: _____

DATE(S) OF CONFERENCE _____

LOCATION OF CONFERENCE _____

IN-STATE TRAVEL ☐ OUT-OF-STATE TRAVEL ☐**Estimated Costs:**

Registration \$ _____

Accommodations \$ _____

Meals \$ _____

Transportation \$ _____

Total Estimated Cost: \$ _____

Substitute Necessary: Yes ☐ No ☐**Signature of All Requesting Attendees:**

(1) _____ Date: _____

(2) _____ Date: _____

(3) _____ Date: _____

(4) _____ Date: _____

Name of person this form should be returned to after approval:

SPONSORED BY: _____

METHOD OF TRANSPORTATION: CAR ☐ TRAIN ☐
BUS ☐ PLANE ☐**Please indicate funding source for this conference:**

1. Department Budget _____

Ref. # _____

2. Other (please explain) _____

3. Purchase Order is to be sent by Building Principal for registration fee only. If Purchase Order is not acceptable, staff member is responsible for sending in fee.

4. Staff member must submit Expense Voucher to Central Office for reimbursement.

Recommendations:Department Head: ☐ Approved ☐ Disapproved

Signature: _____ Date: _____

Principal: ☐ Approved ☐ Disapproved

Signature: _____ Date: _____

Central Office Recommendation:Superintendent of Schools: ☐ Approved ☐ Disapproved

Signature: _____ Date: _____