

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 ☐**Names of All Requesting Attendees (please print):**

(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 a Purchase Order is not acceptable, the staff member is responsible for sending in the fee.

4. Staff member must submit an 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: _____