

WCBOE Professional Development Course/Travel Authorization

revised 4/02/19

Requester Information: List of Individuals: _____

School/Program: _____ Principal/Director: _____

Course/Conference Information:

Title: _____ Provider: _____

Description: _____

Category: _____

Location: _____ (Building) Number of PD hours: _____

_____ (City and State) Leadership Hours: Yes

Start Date: _____ Start Time: _____ Purpose: _____

End Date: _____ End Time: _____ Work Day PD Credit

Projected Cost per Person:

Public Transportation \$ _____ 0.00

(If several people are attending, a district vehicle or carpooling should be used.)

(Individuals are responsible for reserving district vehicles)

Personal Vehicle _____ X 0.41 \$ _____ 0.00
(mileage)

Lodging _____ X \$ _____ 0.00
(Rate per night) (#of nights)

Meals _____ X \$ _____ 0.00
(max \$35.00 a day) (Cost per day) (#of days)

Registration and Entry Fees _____ 0 \$ _____ 0.00

Substitute Pay \$70.00 X _____ 0 \$ _____ 0.00
(if applicable) (#of days)

Other Expenses \$ _____ 0.00

Estimated Number of Attendees: _____ 1

TOTAL Estimated Expense: \$ _____

Approval/Authorization:

Principal/Director: _____ Date: _____

Note: The requested PD must be supported by the SBDM approved School Professional Development Plan.

Funding Source: _____ Deputy Superintendent/CFO _____

PD Coordinator: _____ Date: _____

Note:

1. This form must receive prior approval before the business office will advance reservation fees, issue vehicle authorizations, or travel expense voucher reimbursements.
2. Out-Of-Pocket expenses are to be included on your travel voucher upon completion of trip. (Attach all receipts)
3. If District Credit Card is used, all receipts are to be remitted upon return of card
4. This form must be received **thirty (30) days** in advance for prior approval.
5. After approval, registration and accommodations must be made by the individual requesting the PD.