

Certificated Staff Development Funding Application

Name:

Date submitted:

Type of activity:

- Conference Workshop Curriculum Development
 Peer Observation Retraining Professional Organization
 Other: _____

Date(s) of activity:

Date application due (if applicable):

Location:

Activity sponsored by:

Describe the activity:

**Please attach copy of official workshop flyer or brochure.*

Describe how this activity relates to site or district priorities:

Requested expenses:

• Substitute: (up to \$140/day).....	\$
• Registration:.....	\$
• Travel: (airfare).....	\$
• Mileage: (# miles round trip ____ @ .555¢/mile) :	\$
• Other (shuttle, parking, etc., meals are not covered) :	\$
Total Request:	\$

Submit completed form to site principal's office for approval
Please include conference information and map quest page for mileage

Site Staff Development Committee Findings

Applicant:

Date reviewed:

Action taken:

Approved in full Not Approved

Approved in part \$ _____

Funding source to use:

Site Staff Development Department BTSA

SB1882 Professional Dev Other: _____

Reviewed by: *Dept. Teacher Leader*

Principal

Comments to applicant:

♦ Save all ORIGINAL RECEIPTS for reimbursement (no copies will be accepted) and submit to site Budget Secretary (Carol Craft, Room 120).
 ♦ Please do NOT fill out an Expense Claim

Approved Expenditures:

	Amount Approved	Account Charged	Authorized by
Substitute	\$	(Copy of site's Daily Report on Substitutes attached)	

Registration	\$		
Travel (air)	\$		
Mileage	\$		
Other <small>(parking, shuttle, etc.)</small>	\$		
Materials	\$		
Maximum Total	\$	Reimbursable Receipts are attached _____	

Site Authorization to pay:

OK to pay:	
Date:	
Amount:	\$

Business Office Authorization to pay:

B.O. Approval:	
Date:	