

Woodside Elementary School District
Request For Professional Development & Conference Attendance

Request must be submitted to the Business Office a minimum of three weeks prior to conference/workshop start date.

Employee Name: _____

Name of Conference/Training: _____

Conference Dates: _____ Dates I will attend conference: _____

Number of days during contract work days: _____ # of days a substitute required _____

Circle one: ☐ PD Paid @ \$312/day (outside contract) ☐ Unpaid (during contract) ☐ Hourly Pay (outside contract)

Estimated Cost of Conference

	<u>Estimated</u>	<u>Actual</u>	
<u>Registration Fees</u>	<input type="text"/>	<input type="text"/>	A
<u>Conference Materials (if required)</u>	<input type="text"/>	<input type="text"/>	B
<u>Meals</u>			
_____ Breakfast meals @ \$10 maximum per meal =	<input type="text"/>	<input type="text"/>	C
_____ Lunch meals @ \$20 maximum per meal =	<input type="text"/>	<input type="text"/>	D
_____ Dinner meals @ \$30 maximum per meal =	<input type="text"/>	<input type="text"/>	E

Meals will not be reimbursed if provided by the conference/workshop.

Please retain all receipts and conference/workshop itinerary and submit upon return (required).

Alcohol is not a reimbursable expense. Unused meal allowances cannot be used for other purposes.

Lodging (check one)

_____ This conference will not require overnight accommodations.

_____ This conference will require overnight accommodations. *

_____ Number of nights @ \$ _____ per night F

If sharing a room with another staff member, only the person paying for the room bill needs to complete the above information.

Transportation (check one)

_____ I will be traveling to this conference in my personal vehicles

_____ Round trip miles @ .70 cents per miles = G

_____ I will be traveling to this conference with: _____

_____ I will be traveling to this conference via flight. *

Round trip Airfare: H

Shuttle to/from airport or airport parking: I

TOTAL PROJECTED COST (A to J) J

* When booking hotels and/or flights ahead of event on personal credit card, you will be paid upon return.

Signature of applicant Date

Signature of Supervisor / Principal Date

Approved by CBO Date

Approved by Superintendent Date

Funding Source

