SARGENT SCHOOL DISTRICT RE-33J

CONFERENCE / PROFESSIONAL DEVELOPMENT REQUEST FORM

Employee Name:		**Position/Title:**	
School/Department:		**Date Submitted:**	
Supervisor:		**Requested Funding Source:**	

CONFERENCE / TRAINING INFORMATION

Conference/Training Name:		**Sponsoring Organization:**	
Location:		**Conference Dates:**	
Departure Date/Time:		**Return Date/Time:**	
Registration Deadline:		**Website/Registration Link:**	
Additional Notes:			

PURPOSE / BENEFIT TO THE DISTRICT

Briefly describe the purpose of attending and how this conference/training relates to your position, professional goals, student outcomes, or District priorities:

_____

_____

ESTIMATED EXPENSES

Expense	Estimated Cost
Registration Fee	$_____
Lodging	$_____
Mileage / Ground Transportation	$_____
Airfare	$_____
Meals / Per Diem	$_____
Parking	$_____
Substitute Cost	$_____
Other: _____	$_____
TOTAL ESTIMATED COST	**$_____**

District vehicle requested? ☐ Yes ☐ No Substitute required? ☐ Yes ☐ No ☐ N/A

If a substitute is required, list date(s): _____

FUNDING INFORMATION

Funding Source: ☐ General Fund ☐ Grant ☐ Title I ☐ Title II ☐ Title IV ☐ Department/Program ☐ Other: _____

Account / Grant Code (if known): _____ Amount Requested: $_____

Are any expenses being paid by another organization? ☐ No ☐ Yes If yes, explain: _____

EMPLOYEE ACKNOWLEDGMENT

I understand that submitting this form does not constitute approval to attend or incur expenses. Registration, lodging, travel, and other District-funded expenses should not be finalized until required approval is received. I agree to follow applicable District purchasing, travel, reimbursement, and professional development procedures.

Employee Signature:		**Date:**	

APPROVAL

Supervisor / Principal	Superintendent / Designee
☐ Approved ☐ Denied ☐ Approved with Modifications	☐ Approved ☐ Denied ☐ Approved with Modifications
Comments: _____	Comments: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

BUSINESS OFFICE USE

Funding Source/Account Code:		**Approved Amount:**	
Purchase Order #:		**Business Office Initials/Date:**	