

SCHOOL DISTRICT OF THE CITY OF SAGINAW
PROFESSIONAL DEVELOPMENT REQUEST FORM

ANTICIPATED EXPENSES:

Registration: \$ _____

Meals: (Up to \$51 per day) \$ _____

Lodging: \$ _____

Travel: (_____ Miles @ .545) \$ _____
(Applicant must use school car if available)

Airfare: \$ _____

Other: _____ \$ _____

TOTAL: \$ _____

FUNDING REQUESTED: (PLEASE CHECK BOX)

Building Funds Title IIA Other _____

POST CONFERENCE/WORKSHOP FORM(S) & RECEIPTS ARE TO BE TURNED INTO THE PROFESSIONAL DEVELOPMENT OFFIC ONE WEEK AFTER ATTENDING THE CONFERENCE OR WORKSHOP.

APPROVAL PROCESS:

Supervisor's Signature: _____

Approval/Disapproval (Circle to indicate) Date: _____

Reason for approving request:

Reason for denying request:

Professional Development Committee or Director approval/disapproval (Circle to indicate)

Signature: _____ Date: _____

Account No: _____