

APPLICATION FOR PRE-APPROVAL OF PROFESSIONAL GROWTH EXPENDITURES
(Workshop/Conference)

NAME:

Name of Workshop/Conference:

Date:

Location:

Substitute Required: Yes No

Expenditures Breakdown:

Registration Fee: _____

Mileage: _____

Meal Expense: _____

Overnight Accomodations: _____

Other: (please explain) _____

Total: _____

Please explain how this workshop/conference will meet the mission of our school district.

Please explain how this workshop/conference will benefit the students you teach.

Please explain how this workshop/conference will meet your professional goals and objectives.

Evaluation Process:

Date Submitted

Signature of Employee

Superintendent Approval ()

Superintendent Disapproval ()

Superintendent's Signature and Date