

PROFESSIONAL DEVELOPMENT REQUEST FORM

Federal Programs

PRIOR TO ATTENDING CONFERENCE

Department: ▼

THIS FORM MUST BE SUBMITTED AND APPROVED PRIOR TO THE ACTIVITY. PLEASE READ THE IMPORTANT GUIDELINES ON SECOND PAGE

This is a fillable form, which is to be filled out online. Dollars requested are automatically calculated.
Incomplete forms will be returned to you, which can result in failure to meet deadlines for registration.

Printed information describing the event (including the name of seminar, location, & dates must accompany this request in addition to a copy of hotel information and estimates for airline fare if applicable. You will be notified of approval/denial by e-mail.

Name: _____ School: _____ Assignment: _____

Email Address: _____ School Phone: _____ Home or Cell Phone: _____

Title of Professional Development Activity: _____

Date(s) of Activity: _____ Location of Activity: City: _____ State: _____

Date(s) absent from assignment for this activity (Include ALL travel dates): _____

Briefly describe how this activity will contribute toward meeting personal growth, district goals, and/or objectives of the federal program:

Improve student achievement using Blended Learning, technology,
and AP classes in all content areas in all grade levels K-12 grade.

Signature of SCS Administrator for Title Funds

FUNDING REQUEST	DOLLARS REQUESTED	AMOUNT APPROVED	FEDERAL PROGRAMS OFFICE USE (Shaded Areas)
REGISTRATION FEE <i>(If not requesting, enter 0)</i> Attach a completed copy of the registration form AND the agenda to this request. Registration will be made/paid for by the Federal Programs office unless otherwise notified. Comments: _____			Date completed: _____
AIRFARE Enter estimated amounts from airlines. <i>(If not requesting, enter 0)</i> Ticket to be secured by participant AFTER approval. Reimbursement will be made. Departure Date: _____ Return Date: _____ Name as it appears on ID: _____ DOB: _____ Cell #: _____ Emergency Contact: _____			
MILEAGE <i>(If not requesting mileage, please enter 0)</i> Total Mileage (two-way trip) = _____ Miles X .54 per mile (1/1/16) Sharing a ride with? _____ Comments: _____			
LODGING Enter amount of <u>your portion</u> of room rate and number of days <i>(If not requesting, enter 0)</i> Room rate: _____ Total Days: _____ Hotel Name: _____ Arrival Date: _____ Departure Date: _____ Rooming with? _____ Comments: _____			Hotel Name: _____ Arrival Date: _____ Departure Date: _____ Confirmation #: _____ Talked to: _____ Date/Time: _____
 SUBSTITUTE REQUIRED <i>(If not requesting, enter 0 # of days & 0 in the amount field)</i> # of Days: _____ X Amount: _____ Enter <u>substitute rate</u> listed on HR website. Date(s) of sub requested: _____ Substitute is to be secured by participant through Kelly Services after approval. If using a para in your building, provide para's name and the teacher they're assigned to. Comments: _____ 	X	X	Notified G/L Change (Date): _____
MEALS <i>(If not requesting, enter 0)</i> See GUIDELINES for further information. Comments: _____			
MISC <i>(If not requesting, enter 0)</i> Car Rental, Parking, Baggage Fee, Shuttle/Taxi Other: _____			
APPROVED BY: _____ DATE: _____	Total		

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return) _____

Business name/disregarded entity name, if different from above _____

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) > _____
 Other (see instructions) > _____

Exemptions (see instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.) _____
 City, state, and ZIP code _____

Requester's name and address _____
 PERSONAL PHONE # _____

List account number(s) here (optional) _____

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number _____

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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number _____

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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person > _____ Date > _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1448 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1448 require a partnership to presume that a partner is a foreign person, and pay the section 1448 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1448 withholding on your share of partnership income.

The School District of Springfield R-12

Federal Programs

AFTER ATTENDING CONFERENCE

Travel Expenses Reimbursement Form

For Office Use Only	
Batch #:	_____
Vendor #:	_____
GL Account:	_____

SPS Employee # _____
 Employee Name _____
 School/Department _____
 Name of Event _____
 Beginning Date _____

City and State _____
 Ending Date _____

Original itemized receipts are required for all travel reimbursements with the exception of mileage. All documentation must be submitted to the superintendent or designee within 30 days of the end of the travel. District staff or Board members using federal funds for travel must provide sufficient documentation to the superintendent or designee who oversees the applicable federal program. Such documentation may include, but is not limited to, the following: 1. An agenda of the event attended. 2. A list of attendees at the event. 3. A written statement justifying the expense. 4. Evidence of prior written approval for the expense. [Board Policy DLCA]

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Totals
Date (MM/DD)								
Plane/Train/Rental Car <i>Receipt required</i>								
Taxis and Shuttles <i>(including tip) Receipt required</i>								
Parking and Tolls <i>Receipt required</i>								
Registration <i>Receipt/Agenda required</i>								
Lodging <i>Receipt required with zero balance</i>								
Miscellaneous - Explain								
Meals (including tip) <i>Employees will be reimbursed the actual cost of the meal(s) as long as the expense is reasonable given the traveler's geographical location. Itemized receipts are required. Tip is not to exceed 20%</i>								
Breakfast								
Lunch								
Dinner								
Mileage Reimbursement <i>(If not requesting mileage, enter 0)</i>	Total Miles Driven: _____ @ 0.54 =							
Total Amount Requested								

Signature of Employee _____

Date _____

Signature of Administrator Responsible for Budget Area _____

Date _____

**GUIDELINES FOR
FEDERAL PROGRAMS PROFESSIONAL DEVELOPMENT ACTIVITY**

The funds used to support this activity are federal dollars dedicated for Federal Program purposes. The approval process and guidelines for reimbursement may vary from other funding sources. Approval for requests for professional development will be based upon the alignment with prioritized federal program goals or personnel needs and available funds. Please carefully read all guidelines below.

ALLOWABLE EXPENSES:

District employees must obtain prior authorization from a supervisor for district-related travel before the employee is allowed to incur travel expenses. Travel costs that are charged to a federal grant or fund award must first be approved in writing by the superintendent or designee who oversees that particular federal program and when required, the state or federal contact overseeing the federal funds at the Missouri Department of Elementary and Secondary Education (DESE) [Board Policy DLCA].

All expenses that you wish a federal program to pay, must be requested and approved in advance on this form, whether paid in advanced or reimbursed. Your total reimbursement approved generally will not exceed the total approved on this application. Exceptions may occur when more than one person attends an activity and changes in arrangements, e.g. who drove or paid for the room, etc. occur. In these cases, flexibility in reimbursements may occur within the total amounts approved for all participants.

1. The following general guidelines are used to determine approved amounts:
 - A. **Meals:** Itemized receipts are required. Employees will be reimbursed the actual cost of the meal(s) as long as the expense is reasonable given the traveler's geographical location, excluding alcohol beverages. Tips are not to exceed 20%.
 - B. **Lodging:** Generally lodging is reimbursed at a double occupancy rate. Unless otherwise notified, the appropriate Federal Program office is responsible for lodging reservations and payment. A receipt from the motel w/ a zero balance is required.
 - C. **Mileage:** Current mileage reimbursement is 54 cents per mile.
 - Please be relatively accurate when requesting mileage. If you need assistance, MAP-Quest, Google Maps, etc. can assist you.
 - When more than one staff attends an activity, it is expected they will share rides when possible.
 - If you only request mileage one way, you will only be reimbursed for mileage one way.
 - D. **Registration:** Generally registration is made by the appropriate Federal Program office. You will be notified if it is necessary for you to make your own arrangements. If you paid for your registration, you will be reimbursed with a receipt and an itinerary/agenda of the conference.

2. Substitutes – N/A for Springfield Catholic Schools.

3. **Travel Reimbursement:** All persons traveling at the district's expense are expected to use good judgment, differentiate between expenditures for business and those for personal convenience and avoid unnecessary fees and excessive charges. The district is tax exempt and will not pay Missouri sales or use tax to any vendor or reimburse an employee or Board member for Missouri sales or use tax except for meals [Board Policy DLCA]. Requests for reimbursements which are received more than 30 days after the activity may not be approved by the federal program office. Incomplete forms or lack of receipts will be returned to you and could result in delayed payments. The "Travel Expense Reimbursement Form" and the following must be submitted for reimbursement:

- A. **Agenda:** A copy of the event agenda indicating date and place.
- B. **Commercial Transportation (taxi, shuttle, etc.):** A receipt indicating payment by individual.
- C. **Registration:** A receipt indicating payment if you paid.
- D. **Lodging:** A receipt indicating person's name(s) in room, how charge(s) were paid (cash or credit card), and a receipt indicating zero balance.
 - Any time you pay for lodging with your own personal credit card, you will be required to provide the original itemized credit card receipt.
- E. **Meals:** Receipts are required for all meals.
 - If you do not include an estimation of meals or mileage on your original PD request, you will not be reimbursed for those items.
 - If you choose to not eat a meal that is provided at the conference, no reimbursement will be made for that meal.
 - Only turn in your actual meal amounts; not what was requested and approved.
 - Detailed original receipts are required for all meal purchase.
 - Meals will not be paid for local professional development activities.
- F. **Miscellaneous Expenses (baggage fees, parking charges, etc.):** Additional fees paid for with your own personal credit card, will require the original itemized credit card receipt. This does not include gasoline for mileage used in your own car.
- G. **Mileage:** Indicate the total miles driven on the reimbursement form.
 - A MAP-Quest (Google Maps, etc.) printout indicating the distance traveled must be attached to the Travel Expense Reimbursement Form for out of district travel.
 - If you only requested mileage one way, you will only be reimbursed for mileage one way.
 - Only turn in your actual miles; not what was requested and approved.
 - Mileage will not be paid for local professional development activities.

4. You will be expected, if requested, to present at a future in-service based on the activity content. In addition, we request that you submit copies of materials after the activity to the appropriate Federal Program office for use in future professional development activities.

NOTE: Original itemized receipts are required for all expenses, except mileage. Expenses submitted without itemized receipts will not be reimbursed.

For more information on District Travel Procedures, visit the Travel section on the Finance website.