

# PROFESSIONAL DEVELOPMENT REQUEST FORM – **TITLE IIA (NON-PUBLICS)**

This is a fillable form. Please enter all information before printing. Dollars requested will be automatically calculated when applicable. Tab to get from one field to another.

**Please fill out form completely.** You will be notified of approval/denial by e-mail.

**Printed information describing the seminar including the name of seminar, location, & dates must accompany this request.**

**Submit requests at least 5 days prior to the hotel reservation or the conference registration cut-off.**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Assignment: \_\_\_\_\_

School Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Title of Professional Development Activity: \_\_\_\_\_

Date(s) of Activity \_\_\_\_\_ Location of Activity (city, state) \_\_\_\_\_

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

Building Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

FUNDING REQUEST	Dollars REQUESTED	Title I Office Use Only AMOUNT APPROVED & Notes
<b>REGISTRATION FEE</b> (If not requesting registration, please enter 0) Registration will be made and paid for by Title III office unless otherwise noted.		Date Completed _____
<b>AIRFARE</b> (If not requesting, please enter 0) Enter estimated amounts. Tickets will be purchased by Title III office unless otherwise notified.  Departure Date: _____ Return Date: _____  Name as it appears on ID: _____  Cell #: _____ DOB: _____  Emergency Contact: _____		
<b>MILEAGE</b> (If not requesting mileage, please enter 0) Total Mileage: two-way trip = _____ miles X .535 per mile (1/1/17) Sharing ride with: _____		
<b>LODGING</b> (If not requesting lodging, please enter 0) Hotel Name _____ Room rate _____ Arrival Date _____ Departure Date _____ # of days _____ X FUH = _____  Rooming with: _____		Date Completed _____
<b>MEALS</b> (If not requesting meals, please enter 0) Detailed receipts for meals must include the item(s) ordered and must be deemed reasonable for the geographical area of the conference.		
<b>Title IIA Facilitator:</b> _____ <b>DATE</b> _____  <b>Director of Federal Programs:</b> _____ <b>DATE</b> _____	<b>TOTAL</b>	