Sugar-Salem Joint School District #322

Professional Development Travel Request

(To use District, State, or Federal Funds)

**General:**

|  |  |
| --- | --- |
| Name of employee(s) requesting: | Signature: |
| School: |
| Leaving Date: | Returning Date: |
| Destination: | |
| Time of departure from district: | Time of return to district: |

**Conference or Name of Professional Development Activity:**

**Activity description and how it relates to professional duties:**

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***Note: Attach agenda and conference details to this request.***

**How does planned activity relate to your present assignment?**

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**How will students of Sugar-Salem District directly benefit from this professional leave?**

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**Registration—attach registration form if available:**

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| --- | --- |
| Name of Organization: |  |
| Billing Address: |  |
| City/State/Zip |  |
| Phone: |  |
| Cost: | # of individuals \_\_\_\_\_\_\_\_\_\_\_\_\_@ $\_\_\_\_\_\_\_\_\_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| District PO #: |  |

**Transportation:**

|  |  |
| --- | --- |
| Driving: \_\_\_\_\_ District car/vehicle \_\_\_\_own vehicle | A personal car should only be used if a district car in unavailable. In the case of using a district car the employee may check out a district credit card to pay for fuel. Mileage will be paid at a reasonable mileage to and from the destination including a reasonable number of miles at the conference. A Google Maps driving directions from the school to hotel/conference needs to be included. (District rate is .41/mile) |
| Last 4 digits of district gas card: |
| Car Rental:  Flight Information & Cost: |
| School District PO #: |  |

**Hotel Arrangements:**

|  |  |
| --- | --- |
| Hotel Name: | Confirmation #: |
| Address: | Telephone: |
| # Nights Staying: | Cost per night: |
| # of Rooms: | **School/District PO #** |

**Meal Per Diem:**

*Do not request for meals covered during workshop/conference or by the hotel for continental breakfast services.*

|  |  |
| --- | --- |
| Day rate is $25/day if no meals are provided by convention that day | # of full days: |

***OR***

|  |  |
| --- | --- |
| Breakfast $7.00/meal (when traveling between 7:00 am -11:00 AM) | # of Breakfasts: |
| Lunch $7.00/meal (when traveling between 11:00-3:00pm) | # of Lunches: |
| Dinner $11.00/meal (When traveling after 3:00pm) | # of Dinners: |
| **Meal Per Diem school/district PO #:** | |

**Funding Source(s):**

|  |  |  |
| --- | --- | --- |
| Activity expense | Cost | Account: |
| Hotel : |  |  |
| Travel/gas: |  |  |
| Meals: |  |  |
| Conference Registration: |  |  |
| Other: |  |  |

**Approval Signatures:**

|  |  |
| --- | --- |
| Building principal:  (only need immediate administrator) | Bob Potter, Neil Williams, Kevin Schultz, Jared Jenks |
| Transportation Supervisor: --indicates district owned vehicle is available | Jeff Luthy NA |
| Funding Approval Signature –Federal Programs director, etc. *If funding different from building level* | Bryon Kennedy |
| Superintendent’s signature: | Alan Dunn |

*Once activity is approved and all travel arrangement has been made, see that each person approving this activity has a copy of finalized sheet.*