

Northwest ISD

REQUEST FOR PROFESSIONAL DEVELOPMENT TRAINING

Staff Name _____ **Date** _____

Title of workshop/training: (*Registration AND additional information that concerns this event must be attached.*)

List off-campus training you have already attended for the CURRENT school year:

1. _____
2. _____

Do you receive a stipend for travel?

No Yes

Travel stipend recipients are only reimbursed mileage for trips in excess of 50 miles one-way based on home campus assignment or residence, whichever is less.

	Departure	Return	Estimated Expenses	
Date			Hotel	\$
Time ⁺ (a.m./p.m.)			Meals	\$
Location			# of Meals = _____ @ \$11, _____ @ \$12, _____ @ \$23	
<p>*departure: prior to 8:00 am = all meals 8:00 am - 12:00 pm = lunch & dinner 12:01 pm - 5:00 pm = dinner</p> <p>⁺return: prior to 11:30 am = breakfast 11:30 am - 6:00 pm = breakfast & lunch 6:01 pm or later = all meals</p> <p style="text-align: center;">Meals provided by vendor, conference, etc. are not eligible.</p> <p>TRAVEL MEALS – Overnight: Itemized receipts are not required for meal per diem. Day: Original, itemized receipts are required for reimbursement.</p>			Car mileage [miles x \$(rate)]	\$
			Car rental and/or fuel	\$
			Parking	\$
			Registration fee	\$
			Other	\$
			Sub paid for by Campus or District? # of days _____	
			TOTAL ESTIMATE	

Budget source:

Campus Staff Development Department Staff Development District Staff Development

The approval of this requested training may include conditions for expenses covered by district funding. I am in agreement that these conditions will be followed relating to my reimbursable expenses. If I choose to use personal funds, reimbursement will not occur until the travel is complete.

Employee Signature _____

Date _____

Department Head _____

Date _____

Approved Denied Approved with conditions: _____

Principal/Coordinator/Director Approval _____

Date _____

Approved Denied Approved with conditions: _____