

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 = _____ @ \$14, _____ @ \$16, _____ @ \$29	
*Departure: Prior to 8:00 a.m. = all meals 8:01 am - 12:00 p.m. = lunch & dinner 12:01 pm - 5:00 pm = dinner *Return: Prior to 12:00 p.m. = breakfast 12:01 pm - 6:00 p.m. = breakfast & lunch 6:01 p.m. or later = all meals Notes: > Day & Overnight Travel: Itemized receipts are not required. > Meals provided by vendors or conferences are not eligible for reimbursement.			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: _____