

**Federal Programs-Pre-Conference Travel Form**  
**Application for Authorization of Professional Trip and/or Out-of-Parish, Out-of-State Travel**

***Form NP F***

**NP School:** \_\_\_\_\_ **Approved Request for Expenditure #:** \_\_\_\_\_

**Conference:** \_\_\_\_\_ **Destination:** \_\_\_\_\_ **Date/s:** \_\_\_\_\_  
*Including Travel Time*

**Please provide 1-2 sentence answers below:** **Check Funding Source:** \_\_\_\_\_ **Title II** \_\_\_\_\_ **Title IV**

1. Describe in detail how the professional development aligns with the current needs.

\_\_\_\_\_

2. Describe your strategies for the redelivery of the professional development. Include timelines and documentation of redelivery.

\_\_\_\_\_

3. Describe your method of ensuring classroom implementation of the activities/strategies. Include examples of how implementation will be documented.

\_\_\_\_\_

\_\_\_\_\_

Attendee's Name	Position	Grade Level/ Subject	Cell Phone#	NP Employee Signature	NP Employee Email

❖ *By signing above, I understand that any Federal funds paid out (registration fee) on my behalf for a professional development activity will be reimbursed by me if I do not attend. I also understand that there are no emergencies.*

❖ *All Travel Reimbursement Documentation (all receipts and invoices) must be in the Non Public School Employee's Name*

**Non Public Principal's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Federal Programs Director Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CPSB Superintendent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_