

WCBOE Professional Development Course/Travel Authorization

Revised 04/02/2024

Requester Information: List of Individuals: _____
School/Program: _____ Principal/Director: _____

Course/Conference Information:

Title: _____ Provider: _____
Description: _____
Category: _____
Location: _____ (Building) _____ Number of PD hours: _____
_____ (City and State) Leadership Hours: Yes No
Start Date: _____ Start Time: _____ Purpose: Information
End Date: _____ End Time: _____ Work Day

Projected Cost per Person:

Public Transportation				\$	0.00
<i>(If several people are attending, a district vehicle or carpooling should be used.)</i>					
<i>(Individuals are responsible for reserving district vehicles)</i>					
Personal Vehicle		X	0.45	\$	0.00
		(mileage)			
Lodging	X	1		\$	0.00
	(Rate per night)	(#of nights)			
Meals	X	1		\$	0.00
(max \$35.00 a day)	(Cost per day)	(#of days)			
Registration and Entry Fees				\$	0.00
Substitute Pay	\$70.00	X		\$	0.00
(if applicable)		(#of days)			
Other Expenses				\$	0.00
Estimated Number of Attendees:					
TOTAL Estimated Expense:				\$	0.00

Approval/Authorization:

Principal/Director: _____ Date: _____
Note: The requested PD must be supported by the SBDM approved School Professional Development Plan.

Funding Source: _____ Deputy Superintendent/CFO _____

PD Coordinator: _____ Date: _____

Note:

1. This form must receive prior approval before the business office will advance reservation fees, issue vehicle authorizations, or travel expense voucher reimbursements.
2. Out-Of-Pocket expenses are to be included on your travel voucher upon completion of trip. (Attach all receipts)
3. If District Credit Card is used, all receipts are to be remitted upon return of card
4. This form must be received **thirty (30) days** in advance for prior approval.
5. After approval, registration and accommodations must be made by the individual requesting the PD.