



## TRAVEL/PROFESSIONAL DEVELOPMENT FORM

This form must be completed and approved **prior to** participation in any workshop or activity. **THE APPROVAL PROCESS INCLUDES COMPLETING, PRINTING AND OBTAINING PROPER SIGNATURES ON FORM AT LEAST TWO WEEKS IN ADVANCE OF TRAVEL.** Once approved, the employee should initiate a purchase order for registration, if applicable. A copy of the approved form should be attached to the purchase order. To be reimbursed for travel expenses, the original white copy must be attached to the back of the claim.

Name \_\_\_\_\_  
LAST FIRST MI ENTIRE SSN

School/Office \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Specific Professional Development Activity  
(from School Staff Development Plan) \_\_\_\_\_

Location \_\_\_\_\_

Consultant \_\_\_\_\_

Dates of Travel \_\_\_\_\_ Total Days \_\_\_\_\_

How will your attending improve student achievement? (Specify Goal and/or Objective this Professional Development will impact) \_\_\_\_\_  
\_\_\_\_\_

How will you share this information? \_\_\_\_\_

I request approval to exceed state rates: Yes \_\_\_\_ No \_\_\_\_ For? \_\_\_\_\_

Projected costs: Lodging \$\_\_\_\_\_ Registration \$\_\_\_\_\_ Mileage \$\_\_\_\_\_ Meals \$\_\_\_\_\_ Other \$\_\_\_\_\_

Source of Funds \_\_\_\_\_ Substitute Needed \_\_\_\_\_ Number of Days \_\_\_\_\_  
(Required) Account Number or Program

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved: ☐  
Disapproved: ☐ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Principal

Approved: ☐  
Disapproved: ☐ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Director (If categorical funds are used)

Approved: ☐  
Disapproved: ☐ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Assistant Superintendent or Chief Officer

Approved: ☐  
Disapproved: ☐ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Superintendent

● **NOTE: ATTACH A COPY OF THE AGENDA AND ANNOUNCEMENT**