Stephens County School System

Professional Development Pre-Approval Form – SCSPL-002

Name of Activity:			
Training Agency:		List of ALL Training Dates:	
Venue/Address:			

Funding Source: Select Funding Source
Other: _____

	List of Participants	Position/Content Area	School/ Location
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

		Account Coding (to be completed by Bookkeeper)				
Anticipated Expenses	Estimated Cost	Fund	Program	Function	Object	Facility
Registration:						
Mileage: _____miles X .70/mile	$ 0.00					
Substitute Teacher(s):						
Lodging:						
Meals:						
Other: _____						
Total estimated expense: **	$ 0.00					

**Expenses in excess of the "Total estimated expense" approved (as stated above) cannot be reimbursed without approval from the Stephens County School System Superintendent.

_____
Funding Source Coordinator/Principal Date

_____
Professional Development Coordinator Date

Revised 2025_01_14