

PD OFFICE ONLY: PO# _____ _____

(check box)

APPLICATION FOR PROFESSIONAL DEVELOPMENT

Step 1: Must be completed and received by the Dept. of Prof. Dev. two weeks prior to event.
Incomplete or late applications will be returned or denied.

Requisitions will be created by the Dept. of Professional Development Office.

Step 2: To be completed after the event. Refer to the back of the form.

APPLICATION FOR ATHLETIC PROFESSIONAL DEVELOPMENT

Step 1: Must be completed and received by the Athletic Department.

NAME: _____ Building(s): _____

Other Attendees: _____

Conference Title: _____

Date(s): _____ Location: _____

Explain benefits to you and the District: _____

Grant or Special Funding (if applicable) _____

Substitute needed: No Yes Dates: _____ Time: _____

REGISTRATION

Cost: \$ _____

1. Conference itinerary & registration form must be attached.
2. Conference registration requirements: (check one below)
 - Attendee will register after receiving the Purchase Order.
 - Prepayment required by _____.
3. Registration deadline: _____

LODGING

Total (all nights) Cost: \$ _____

Name of Hotel: _____ # of Nights: _____

1. District will pay for overnight lodging for multiple-day conferences that are more than 90 miles from WCS. WCS reserves the right to review this on a case-by-case basis.
2. District will pay for pre-conference night lodging if event is over 140 miles from WCS. WCS reserves the right to review this on a case-by-case basis.
3. Conference-approved hotels will be paid in full using District credit card.
4. Attendee is responsible for hotel reservations after receiving PO.
 - Use your personal credit card to reserve room. Take District card for hotel check-in and final payment.
 - If you use your own payment method at hotel check-in, tax will not be reimbursed.
5. Tax exempt forms will be provided.
6. Bring PO to Treasurer's Office to sign out District credit card.
7. Attendee is responsible for obtaining a **tax exempt itemized** hotel receipt.

MISC. REIMBURSEMENT

Cost: \$ _____

1. Attendee is responsible for obtaining **itemized** receipts for parking (unless included in hotel costs), tolls, ground transportation in place of rental car, and business-related supplies or services.

STEP 1

MEAL REIMBURSEMENT

Cost: \$ _____

1. Attendee is responsible for meals.
 - a. Meals upon leaving District not included.
 - b. Meals upon return to District not included.
 - c. **When meals are provided at an event, reimbursement is not included.**
2. Receipts must be itemized for reimbursement.
3. Credit card slips are NOT accepted for reimbursement.
4. If alcohol is listed on a receipt turned in for reimbursement, you will NOT be reimbursed for that meal.
5. **Meal Reimbursement Per Diem Rate:**

For one day trips less than 90 miles from WCS NOT to exceed \$20 per day
 For overnight trips OR trips more than 90 miles from WCS NOT to exceed \$45 per day

MILEAGE REIMBURSEMENT

Cost: \$ _____

1. Calculate _____ miles round trip @ **\$.70** per mile
2. Carpooling with _____
3. Reserving District vehicle.
4. Google map must be attached.
 Choose shorter distance between your building to event OR your home to event.

Attach Google Map
 (check box)

TOTAL PD COST \$ _____

Attendee Signature _____

Date _____

*Please note, approved PD inside the 2-week minimum time may result in Attendee being responsible for costs associated with the conference and reimbursement after the event.
 The office of PD reserves the right to deny PD submitted within two weeks of the event.*

This form is complete with all attachments:

Principal _____
 Date _____

APPROVAL:

Dir. Of PD / Athletic Dir. _____
 Date _____

AFTER THE CONFERENCE - FOR REIMBURSEMENT:

1. Complete Actual Costs below for reimbursement.
2. Attach:
 - a. Copies of itemized receipts (*with PO number indicated and signature on each*) attached to PD form.
 - b. Google map.
3. Return credit card.

ACTUAL COSTS:

Conference	Lodging	Misc.	Meals	Mileage
¤	¤	¤	¤	¤