

Gainesville ISD  
Request for Professional Development/Conferences

Staff Name \_\_\_\_\_ Date \_\_\_\_\_

Title of Workshop/training/conference requesting:  
\_\_\_\_\_  
\_\_\_\_\_

Other District Staff Attending Conference:  
\_\_\_\_\_  
\_\_\_\_\_

**Travel Information**

	Departure	Return		
Date			Estimated Expenses	\$
Time			Hotel	\$
Location			Hotel # of nights @ \$ _____ per night	
			<input type="checkbox"/> Traveling Alone <input type="checkbox"/> Sharing Room	
			Meals	\$
			# meals = _____ @ \$16, _____ @ \$19, _____ @ \$28	
			Mileage Reimbursement	\$
			<small>.70 reimbursement rate. If multiple traveling, 1 per 4 people qualify for mileage reimbursement.</small>	
			Car Rental and Fuel	\$
			District Suburban	\$
			Parking	\$
			Registration Fee	\$
			Uber/Taxi	\$
			Other	\$
			Sub needed	\$
			Total Estimate	\$
<p><i>* To qualify for overnight stay, the training must be over 100 miles away OR a conference 60 miles away lasting 3 or more days</i></p>				

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal / Director Signature

\_\_\_\_\_  
Assistant Superintendent

\_\_\_\_\_  
Superintendent Signature

Business Office
Authorization Number
Initials