



Please note that requests will not be approved unless all of the required information is provided. Training and/or travel is not authorized or approved until you receive official approval from the Travel Desk via email. Please answer all questions in their entirety, attaching a separate document if needed.

Employee Information				
EMPLOYEE NAME		EMPLOYEE ID NUMBER	PPS EMAIL	WORK LOCATION
HOME ADDRESS			HOME PHONE NO.	WORK PHONE NO.
1	POSITION ☐ Teacher/PAT ☐ Senior Leadership ☐ Parents/Volunteers ☐ Classified/PFSP ☐ Licensed Admin ☐ OT/PT		CURRENT JOB TITLE	LIST ALL RELEVANT POSITIONS AND/OR SUBJECTS TAUGHT
Seminar/Conference/Course Information				
NAME OF SEMINAR/CONFERENCE/COURSE			ORGANIZATION OR INSTITUTION	
LOCATION (CITY/STATE)	LOCATION (COUNTRY)	DATE OF SEMINAR/CONFERENCE/COURSE	DEPARTURE DATE/TIME	RETURN DATE/TIME
HOW DOES THIS SEMINAR/CONFERENCE/COURSE RELATE TO YOUR CURRENT OR FUTURE POSITION?				
2	HOW WILL ATTENDING THE SEMINAR/CONFERENCE/COURSE BENEFIT YOU, YOUR STUDENTS AND/OR THE DISTRICT?			
CHECK IF THE FOLLOWING APPLIES:				
☐ IS VIRTUAL ☐ OUTSIDE THE PORTLAND METRO AREA ☐ IS WITHIN 100 MILES ☐ SCHOLARSHIP OPPORTUNITIES HAVE BEEN RESEARCHED ☐ IS CONSISTENT WITH DISTRICT GOALS ☐ I HAVE VERIFIED WITH TRAVEL DESK MY CURRENT PROFESSIONAL DEVELOPMENT FUNDS BALANCE ☐ IS DURING NON-STUDENT DAYS ☐ I HAVE VERIFIED MY PD DAYS BALANCE (PAT ONLY)				
Required Attachments				
3	PLEASE ATTACH THE FOLLOWING TO YOUR REQUEST:			
	1. A COPY OF A BROCHURE/LITERATURE THAT PROVIDES A DESCRIPTION OF THE EDUCATIONAL OPPORTUNITY ALL LOCATIONS AND DATES AVAILABLE			
	2. A DETAILED AGENDA (i.e. A SCHEDULE OF DAILY ACTIVITIES) WHEN AVAILABLE			
	3. PROOF OF ESTIMATED EXPENSES (SEE SECTION 4 BELOW)			
	4. PROOF OF SCHOLARSHIP APPLICATION, IF APPLICABLE			

Travel Requirements and Estimated Expenses

Registration Fees.....\$

How will this be paid:

☐ Licensed Admin ☐ PAT ☐ Sr. Leadership ☐ OT/PT ☐ PFSP

Materials/Books.....\$

How will this be paid:

☐ Licensed Admin ☐ PAT ☐ Sr. Leadership ☐ OT/PT ☐ PFSP

Airfare.....\$_____

How will this be paid:

☐ Licensed Admin ☐ PAT ☐ Sr. Leadership

Baggage.....\$_____

How will this be paid:

☐ Licensed Admin ☐ PAT ☐ Sr. Leadership

Car Rental.....\$_____

How will this be paid:

☐ Licensed Admin ☐ PAT ☐ Sr. Leadership

Gas.....\$_____

How will this be paid:

☐ Licensed Admin ☐ PAT ☐ Sr. Leadership

Mileage.....\$_____

How will this be paid:

☐ Licensed Admin ☐ PAT ☐ Sr. Leadership

Parking.....\$_____

How will this be paid:

☐ Licensed Admin ☐ PAT ☐ Sr. Leadership

Shuttle/Taxi.....\$

How will this be paid:

☐ Licensed Admin ☐ PAT ☐ Sr. Leadership

Lodging: Hotel/Motel.....\$
How will this be paid:
☐ Licensed Admin ☐ PAT ☐ Sr. Leadership

Meals or Per Diem.....\$_____

How will this be paid:

☐ Licensed Admin ☐ PAT ☐ Sr. Leadership

Total Estimated Expense.....\$ 0.00

DO YOU WANT DISTRICT TO PREPAY REGISTRATION? ☐ YES ☐ NO
IF YES, ATTACH A COMPLETED REGISTRATION FORM

OFFICE USE ONLY						
FUND	FUNCTION (Program)	OBJECT (Account)	SITE LOC	AREA	PROJ	DEPT ID
☐ CHECK IF USING PROCUREMENT CARD						
☐ CHECK IF USING PROCUREMENT CARD						
☐ CHECK IF USING PROCUREMENT CARD						
☐ CHECK IF USING PROCUREMENT CARD						
CANNOT USE PROCUREMENT CARD						
☐ CHECK IF USING PROCUREMENT CARD						
☐ CHECK IF USING PROCUREMENT CARD						
☐ CHECK IF USING PROCUREMENT CARD						
CANNOT USE PROCUREMENT CARD						

Travel Advance Requested? ☐ No ☒ Yes, Amount \$ _____
(Limited to \$100)

Authorization Names and Signatures

I certify that this request has been filled out in its entirety, including required documentation. I believe that this training is consistent with District Goals and relevant to my job title. I hereby authorize advanced amounts not supported by proper receipts will need to be repaid to district.
PAT employees certify that college credit will not be received.

NAME OF EMPLOYEE MAKING AUTHORIZATION REQUEST	SIGNATURE 	DATE (<i>submit <u>at least</u> 4 weeks prior to anticipated PD</i>)
---	--	--

Supervisor authorization

I have reviewed this request in its entirety. I confirm this request is complete, has all the required documentation, has a pedagogical purpose, and the training is consistent with District Goals.

NAME OF PRINCIPAL/ADMINISTRATOR (FINAL APPROVER FOR LOCAL TRAVEL WITHIN 100 MILES)	SIGNATURE X	DATE
NAME OF SENIOR DIRECTOR OF SCHOOLS (OR OTHER SENIOR LEADERSHIP) (APPROVAL REQUIRED IF OUTSIDE 100-MILE RADIUS)	SIGNATURE X	DATE

AUTHORIZATION DOES NOT GUARANTEE APPROVAL OF FUNDS. If this event is NOT ATTENDED, you must advise the Travel Desk by emailing traveldeskt@pps.net in order to update your Professional Growth Funds account.

Travel Desk use ONLY:

Completed form received on: _____ Approved: ☐ YES ☐ NO Funds Available: \$ _____