

Professional Development Pre-Approval Form – SCSPL-002

Funding Source: Select Funding Source
Other: _____

		Account Coding (to be completed by Bookkeeper)				
Anticipated Expenses	Estimated Cost	Fund	Program	Function	Object	Facility
Registration:						
Mileage: _____miles X .760/mile	\$ 0.00					
Substitute Teacher(s):						
Lodging:						
Meals:						
Other: _____						
Total estimated expense: **	\$ 0.00					

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