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		
Time		
Location		

Estimated Expenses	$
Hotel	$
Hotel # of nights _____@ $_____ per night	
☐ Traveling Alone ☐ Sharing Room	
Meals	$
# meals = _____@$16, _____@ $19, _____ @ $28	
Mileage Reimbursement	$
.70 reimbursement rate. If multiple traveling, 1 per 4 people qualify for mileage reimbursement.	
Car Rental and Fuel	$
District Suburban	$
Parking	$
Registration Fee	$
Uber/Taxi	$
Other	$
Sub needed	$
Total Estimate	$

** To qualify for overnight stay, the traning must be over 100 miles away OR a conference 60 miles away lasting 3 or more days*

_____ _____
Employee Signature Date

_____
Principal / Director Signature

_____
Director of Human Resources

_____
Superintendent Signature

Business Office
Authorization Number
Initials