



Professional Development Pre-Approval Form

Employee Name _____ Date _____

Purpose of Travel _____

Number of Leave Days: _____ Sub Coverage Days: _____

Date and Time of Departure: _____ am/pm

Date and Time of Return: _____ am/pm

Private Auto Miles

From _____ to _____ miles @ _____ cents per mile \$ _____

Please check website for current rate

Per Meal Entitlement

Documentation proving which meals were(n't) provided in the cost of registration is required. This is most commonly a copy of the agenda and registration. Breakfast is not reimbursed if your hotel provides a continental breakfast.

Receipts are not required for per meal entitlement reimbursement. Please check website for current rate

Dates	Breakfast	Lunch	Dinner	TOTAL:

Original Receipts Required

Description	Explanation	
Lodging		\$
Registration		\$
Parking/Ferry Tolls		\$
Other		\$

_____/_____/_____
Employee Signature Date

☐ School Approved ☐ Denied:

Rationale: _____

_____/_____/_____
Principal/Supervisor Signature Date

☐ District Approved ☐ Denied:

Rationale: _____

_____/_____/_____
District Office Approval Date

Balance \$

Account Codes *	Amount