

**PROFESSIONAL DEVELOPMENT/TRAVEL REQUEST FORM**

Name of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

School: \_\_\_\_\_ Position: \_\_\_\_\_

Request Approval for: \_\_\_\_\_ Conference \_\_\_\_\_ Visitation \_\_\_\_\_ Other \_\_\_\_\_ Training

Sponsor and title of conference/location: \_\_\_\_\_

Purpose of conference/visitation: \_\_\_\_\_

I am requesting consideration for 100 hours requirement credit: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, attach a copy of current Professional Improvement Plan: \_\_\_\_\_

DATE(S)	LOCATION	MILES	DESCRIPTION OF TRAINING SESSION
Total miles (A)			

Name of hotel/motel: \_\_\_\_\_

Emergency telephone number: \_\_\_\_\_

Estimated Expenses:

Registration		Lodging	
Transportation		Meals	
Mileage Reimbursement Total Miles (A) x \$.31=		Other Expenses*	
Tolls		Maximum Approved Expenses	

\*Please identify: \_\_\_\_\_

\_\_\_\_\_ APPROVED with credit toward one hundred hour requirement

\_\_\_\_\_ APPROVED without credit toward one hundred hour requirement

PRINCIPAL/SUPERVISOR: \_\_\_\_\_ Date: \_\_\_\_\_

DIR. of CURRICULUM & INSTRUCTION/  
SCHOOL BUSINESS ADMINISTRATOR: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD APPROVAL DATE (if required): \_\_\_\_\_

**See instructions attached.**

**TRAVEL EXPENSE VOUCHER FORM**

Name: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING APPLICABLE ITEMS FOR REIMBURSEMENT:**

DATE	DESCRIPTION	MILEAGE	REIMBURSEMENT (Mileage x .31¢/mile)

Total Mileage Reimbursement: \_\_\_\_\_

DATES:					
EXPENSE ITEMS:					<b>TOTAL:</b>
Registration					
Transportation					
Tolls					
Parking					
Room Rent					
Other					

Total Expenses: \_\_\_\_\_

Total Reimbursement: \_\_\_\_\_

**INSTRUCTIONS:** (Please read carefully)

1. This form will not be honored unless prior written approval is shown on the Professional Development Request Form.
2. Attach all receipts, as they are required for reimbursement.
3. Submit request immediately to Board Office upon return from conference and/or visitation, together with an accompanying PURCHASE ORDER. Reimbursement will not be made after the close of school year, July 30<sup>th</sup>.
4. Copy of driver's license and current insurance card must be attached.
5. Professional Development Post-Program Form must be submitted with this form if registration paid by Board.

I hereby certify that the itemized expenses are just, true and correct and that the balance claimed is actually due and owing.

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

Date \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

Date \_\_\_\_\_

\_\_\_\_\_  
\*Superintendent's Signature

Date \_\_\_\_\_

\*(Superintendent's approval is up to \$1,500 annually, above \$1,500 annually needs Board approval)

## **PROFESSIONAL DEVELOPMENT INSTRUCTION**

**(Please read carefully)**

1. Complete form and submit to your supervisor.
2. Upon receiving all required signatures or Board approval, if required, a purchase order must be issued prior to the event to the vendor if a workshop fee is to be paid and a separate purchase order must also be issued for anticipated travel expenses approved for the employee.
3. A copy of the employee's driver's license and current insurance card with a copy of the Professional Development Request Form must be attached to the purchase orders.
4. Travel reimbursement for meals for in-state events is not permitted.
5. Upon attending the event, a Travel Expense Voucher Form must be submitted along with a Professional Development Post-Program Form. Travel vouchers should be submitted monthly and no later than 30 days beyond the event date.
6. No travel vouchers for prior school year will be paid beyond July 30<sup>th</sup>.
7. It is the applicant's responsibility to call Substitute Calling Service at 732-701-1900, ext. 2444 at least one week prior to date of conference to confirm substitute availability.

**PROFESSIONAL DEVELOPMENT POST-PROGRAM FORM**

Name of Workshop: \_\_\_\_\_

Sponsored By: \_\_\_\_\_

Date: \_\_\_\_\_ Date Approved by Board: \_\_\_\_\_

Location: \_\_\_\_\_

Person Attending: \_\_\_\_\_

Post-Program Report: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewed: \_\_\_\_\_  
Principal

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Employee

Date: \_\_\_\_\_