

**Pre-Approval for Professional Development**

Tate County School District

Employee Name \_\_\_\_\_

Date \_\_\_\_\_ School/Location \_\_\_\_\_

Name of Conference: \_\_\_\_\_

Location of Conference: \_\_\_\_\_

Dates of Conference  
From \_\_\_\_\_ To \_\_\_\_\_

\*Please attach conference/meeting information and agenda to this form.

**You must request professional leave at least two weeks prior to the conference. If the funding is coming from a grant, the Grant Administrator has to approve the request in addition to the Professional Development Coordinator and Business Manager. If the school activity fund is paying for any travel, the Principal must sign.**

*Please Estimate if any expenses will be requested as follows:*

Purchase Order Number \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ Should be paid in advance of conference \_\_\_\_\_

Hotel Fee: \$ \_\_\_\_\_ per night x \_\_\_\_\_ night(s) = \$ \_\_\_\_\_

Do not include taxes when requesting a check for hotel fees. Please send the Central Office a copy of the hotel confirmation showing the nightly charge. This should be requested in advance so a check can be cut and taken with the traveler.

Mileage Reimbursement: \_\_\_\_\_ miles @ 0.575 = \$ \_\_\_\_\_

**(Mileage will only be reimbursed if a district car is unavailable)** \_\_\_\_\_

**Meal Reimbursement (only with overnight stay):**

Breakfast: \_\_\_\_\_ Days x \$9 = \$ \_\_\_\_\_

Lunch: \_\_\_\_\_ Days x \$11 = \$ \_\_\_\_\_

Dinner: \_\_\_\_\_ Days x \$21 = \$ \_\_\_\_\_

District Car Available

Yes \_\_\_\_\_ No \_\_\_\_\_

Note: Only meals not provided by the attended conference will be reimbursed.

Total Reimbursement Requested: \$ \_\_\_\_\_

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

Date \_\_\_\_\_

**Approval**

Approved from Fund \_\_\_\_\_

Rejected

Comments:

\_\_\_\_\_  
Grant Administrator Date

\_\_\_\_\_  
Professional Development Coordinator Date

\_\_\_\_\_  
Principal/Superintendent/Supervisor Date

\_\_\_\_\_  
Business Manager Date

\*Note: This is a pre-approval form. Travel reimbursement form showing the actual expenses should be completed within 14 days of returning from the trip. Any reimbursements not turned in within 14 days will be forfeited per TCSD Board Policy DJE.