



Professional Development Request Form

Please attach description of PD to this sheet

Name: _____

Building: _____

PD Title: _____

PD Dates: _____

Location: _____

Grant Funded: Yes _____ No _____

Expenses that exceed the following guidelines will be the responsibility of the person attending the PD. No meals covered by or offered as part of the PD event will be reimbursed. *DETAILED* receipts must be submitted for reimbursement. Absolutely no alcoholic beverages will be reimbursed. **Hotel - \$125 per night**
Meal expenses are not to exceed the following: Breakfast \$13.00, Lunch \$15.00, Dinner \$26.00

Travel (Parking fees, tolls, etc. - See Mileage Reimbursement Policy) \$ _____

Room \$ _____ x Number of nights _____ \$ _____

Hotel Name: _____ Reservation #: _____

Payment for Hotel: Credit Card or Check PO #: _____
(IMPS exempt from MI Sales Tax-please take tax exempt form with you)

Reservations Made By: _____ Date: _____

Conference Registration & Fees: \$ _____

Payment for Conference: Credit Card or Check PO #: _____

Conference Registration Made By: _____ Date: _____

Sub Teacher Costs _____ Days x \$147.50 \$ _____

Account #: _____ TOTAL COSTS \$ _____

STAFF Signature: _____ Date: _____

Approval by Principal: _____ Date: _____

Approved by District Administrator: _____ Date: _____

Once Completed - Copy to: Staff Member, Administrator and Business Office

Revised 12/2022