



**TRUSTEES' PROFESSIONAL DEVELOPMENT
REQUEST**

Professional Development Request

Name:		
Inservice/Workshop Name:	Location (include country if applicable):	Date(s):
Description of Workshop:		
Rationale:		
	Anticipated	
Registration Fee	\$	
Meals	\$	
Accommodations	\$	
Airfare	\$	
Ground Transportation	\$	
Other	\$	
Total Anticipated Cost:	\$	
Trustee's Signature		Date:

Payment will be made upon verification of receipts.

For Office Use Only

	Approved	Paid
Registration Fee	\$	\$
Meals	\$	\$
Accommodations	\$	\$
Airfare	\$	\$
Ground Transportation	\$	\$
Other	\$	\$
Total:	\$	\$

Board Approval:	Date:
Denied <input type="radio"/> Approved <input type="radio"/> Signature: _____	
Budget Code:	

Effective Date: March 7, 2006 Review Date: December 11, 2019
 Amended Date:
 Board Motion(s): 145/06; 47/13
 Legal/Cross Reference: