

Elk Township School District
Staff Development / Professional Leave Form

NAME: _____

DEPARTMENT: _____

CONFERENCE TITLE: _____

LOCATION: _____

PURPOSE: _____

DATE: _____

TIME: _____

- * If there is a conference fee and/or other expenses you must fill out the attached estimated travel expense form in order for payment to be sent.
- * Please attach the brochure, registration form, etc., in order for this day to be approved.
- * Please keep in mind that within **2 weeks** of your return, you must complete the online travel report and electronically submit it to the board office.

_____ Signature		_____ Date	
Department Supervisor	(Initial) Approved	(Circle One)	Not Approved
Principal	Approved		Not Approved
Assistant Superintendent	Approved		Not Approved
Superintendent	Approved		Not Approved

**ESTIMATED
WORKSHOP TRAVEL EXPENSE**

Name: _____ Department _____

Destination: _____

Length of Stay: From: _____ To: _____

Purpose of Trip: _____

Estimated Expenses:

(Upon return from event, you must submit the "Final Expense Report" with receipts in order to be reimbursed)

Registration \$ _____

Total Miles: _____ X _____ Amount Per Mile : \$ _____

Tolls: \$ _____

Train, Bus, Taxi, Etc, Fares: \$ _____

Hotel or Motel Room Costs \$ _____

Meals: (only if overnight - See allowable expenses/rates at GSA.gov)

Breakfast: \$ _____

Lunch: \$ _____

Dinner: \$ _____

Incidentals: _____ \$ _____

Miscellaneous Expenses (Explain): \$ _____

Total Expenses \$ _____

Date approved by Board of Education: _____