



WEST CLARK PROFESSIONAL DEVELOPMENT

To: From:

Principal Approval (sign): _____ Date: _____

What: (Title)

Submitted(Date)

Event(Date)

Funding Source:

PROPOSAL: (WHY)

EXPECTED OUTCOME:

SCHEDULE (Implementation Timeline)

PERSON(S) RESPONSIBLE FOR IMPLEMENTATION: (How)

DATE OF COMPLETION:

EVIDENCE:

ATTACH THE FOLLOWING DOCUMENTATION (2 weeks before the event)

BUDGET

PROFESSIONAL LEAVE FOR ALL PARTICIPANTS PD

ASSURANCE OF PARTICIPATION

IF PD REQUIRES A CONTRACT YOU MUST ATTACHED:

CONTRACT WITH PROVIDER

W-9

HOW TO REQUEST REIMBURSEMENT: Submit all paperwork within a week of the Professional Development (Conference, meeting, workshop, seminar, etc)

- Itemized original receipts
- Completed reimbursement voucher
- Meals: \$20 per meal (Snacks are not covered.) Not to exceed \$50 per day.
- Hotel: Not to exceed \$ 145 dollars per person. Anything beyond \$ 150 must be approved by the Board.
- Completed Mileage Claim form

APPROVED:

Superintendent: _____ **Date:** _____

Associate Superintendent: _____ **Date:** _____

Grant Director: _____ **Date:** _____