

Leipsic Local School District

Professional Development Estimated Cost Form

(This form must accompany the Staff Absence Report: Professional Leave form)

Name: _____

Date Requested: _____

PD Title: _____

Date(s) of PD: _____

Description of Professional Development: _____

(Documentation describing the Professional Development must be included with this request...ex: brochure, email, etc.)

ESTIMATED EXPENSES

Registration: _____

Mileage: _____ X \$.55 per mile = Transportation Cost: _____

Meal Expense: _____
(Overnight professional development only) ...not to exceed \$35/day

Lodging Expense: _____

Other Expenses (i.e. taxi, tolls, parking, etc.): _____

Substitute Teacher Cost (\$139/day): _____

Total Estimated Expenses: _____

Specific Fund/Grant: _____

****Attach documentation that the professional development supports your Individual Professional Development Plan and/or your OTES Professional Growth Plan.**

Upon your return from the professional development, you must complete the Request for Reimbursement form so that you may be reimbursed for expenses. Make sure that you include receipts for your expenses. Taxes and tips are not reimbursable.

Employee Signature: _____

Date: _____

Principal/Supervisor Signature: _____

Date: _____

Superintendent: Approved



Not Approved

