

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 \$.40 per mile = Transportation Costs: _____

Meal Expense: _____ (Overnight professional development only)...not to exceed \$25/day

Lodging Expense: _____

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

Total Estimated Expenses (excluding cost of substitute teacher): _____

If the expenses will be paid from a specific fund/grant, please describe: _____

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.

Employee Signature: _____

Date: _____

Principal/Supervisor Signature: _____

Date: _____

Superintendent: Approved

Not Approved