

Professional Development Request

Trinity Catholic Schools

TITLE IIA



Name: _____ Date of Request: _____

Activity Title: _____

Location of Project: _____

Training Dates: _____

Budget Item	Cost	Details	Requestor Notes
Registration: <u>attach completed registration form with address or proof of payment</u>	\$		
Meals: Breakfast - \$7.00 Lunch - \$10.50 Supper - \$17.50	\$		
Transportation: 54.5¢ mile			Personal Vehicle <input type="checkbox"/> School Vehicle <input type="checkbox"/>
Lodging: <u>name & address of hotel & nights reserved</u>	\$		
Stipends: \$21.00 per hour \$28.00 per hour	\$		
Total:	\$		

Teachers Signature: _____ Date: _____

Presidents Approval: _____ Date: _____

Routing of Form:

Please return completed form to President for approval and submittal for reimbursement.

Revised 5/1/2018