



## PROFESSIONAL DEVELOPMENT CONFERENCE REQUEST FORM

**Submit to Laura Norbut, Chief Academic Officer, at least (2) weeks prior to registration date.**

1. Complete the fields in the form below.
2. **Attach conference and PAYMENT information to include date, time, location and purchase order address.**
3. Obtain signature approval from Building Principal & Director of Pupil Services (if applicable).
4. If forms are *not* received 2-weeks prior, you may miss out.

**Note: Stafford Public Schools will not pay for late registration fees**

Staff Name _____	Grade or Department _____
Workshop Title _____	City/State _____
Workshop Date(s) _____	Substitute <input type="checkbox"/> YES <input type="checkbox"/> NO
Registration Cost \$ _____	Organization _____

**MILEAGE EXPENSES ARE PAID ONLY IF EMPLOYEE IS REQUIRED TO ATTEND A CONFERENCE**

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Director of Pupil Services Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

### CENTRAL OFFICE USE ONLY

PO# \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ INVOICE# \_\_\_\_\_

Funding Source: ☐ District Inservice ☐ Special Ed Inservice ☐ Title Grant ☐ IDEA Grant ☐ Perkins Grant

Chief Academic Officer \_\_\_\_\_ Date \_\_\_\_\_

Approved ☐ Not Approved ☐

Reimbursement: Approved for: # of Miles \_\_\_\_\_ Tolls \$ \_\_\_\_\_ Parking \$ \_\_\_\_\_ Lodging \$ \_\_\_\_\_  
(Receipts are required for tolls and parking fees.)

<input type="checkbox"/> Submitted to Accounts Payable _____	<input type="checkbox"/> PO Created _____	<input type="checkbox"/> Emailed to Educator _____
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