



JASPER CITY BOARD OF EDUCATION REQUEST FOR PROFESSIONAL DEVELOPMENT

School: _____

Date: _____

Employee Name

Employee Signature

Date(s) _____

Purpose _____

Place _____

Transportation _____

Estimated Cost:

Registration Fees _____

Mileage _____ @ _____ cents per mile(Attach Copy from Mapquest) _____

Meals (Number _____) (Itemized Original Receipts Attached) _____

Lodging (Itemized Original Receipts Attached) _____

Other (Original Receipts Attached) _____

Estimate of Total Expenses _____

27-Digit Account Code(s) _____

Signed: _____
Bookkeeper

Signed: _____
Principal

Approved: _____
Superintendent / Asst. Superintendent

NOTE: Approval of your request for professional development does not indicate that registration and/or fees have been paid. Registration and purchase orders for workshop or conference fees are the responsibility of the individual or group requesting professional development.

A COPY OF THIS FORM MUST BE ATTACHED TO YOUR EXPENSE REPORT FOR REIMBURSEMENT