



# 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**