

Penns Grove - Carneys Point Regional School District Board of Education
SAME DAY WORKSHOP/TRAVEL APPROVAL PROCESS

Date Submitted: _____

Name of Event: _____

Location of Event:

Dates of Travel: From Through:

Number of Days traveling:

Participants Name	Title
<input type="text"/>	<input type="text"/>

Email Address	Work Location
<input type="text"/>	<input type="text"/>

Funding breakdown (attach details):

(Expenses will autocalculate from entries on "Budget" worksheet)

Total Calc:*

Registration	<input type="text"/>	Total Miles to/from	<input type="text"/>
Travel * (mapquest.com or mappoint.com est.)	<input type="text"/>	Less miles to/from school	<input type="text"/>
Other	<input type="text"/>	Net miles for reimb	<input type="text"/>
		Mileage reimbursement *	Rate: x .31 <input type="text"/>

Professional Development Plan Goals/Objectives:

JUSTIFICATION:

Attendance at this event is critical to the operational and instructional need of the District for the following reasons:

Check the appropriate box below:

- The event is a seminar, conference, or workshop
- The event is a meeting as required by your job description.

ATTACH AGENDA/ITINERARY (include estimates for transportation, registration, etc...)

Submit a detail of the event and the agenda via a website or paper copy of the pamphlet.

Website address of organization:
if available.

District Authorization

Chief School Administrator Signature: _____ Date: _____

Date this request will be submitted to the District Board of Education for approval: _____