

Application to 21st Century School Council for School Improvement/ Professional Development Funds

Name _____ Position _____

Workshop _____

Description (if applicable) _____

How will this benefit you? The school? Your students? _____

Describe how you will share your knowledge/experiences with the faculty/staff/community.

<u>Estimated cost of workshop:</u>		
Workshop fee:	_____	Completed purchase orders must be attached to this form.
Mileage: _____ # miles x IRS rate =	_____	
Substitute time: _____ # days x current rate =	_____	
Meal costs total:	_____	Out-of-District travel forms must be completed and returned within 5 days. Substitute Request must be attached to this form (when applicable).
Breakfasts _____		
Lunches _____		
Dinners _____		
Lodging total: _____ #nights @ _____ =	_____	
Additional Expenses: _____ *	_____	
*Itemize & Explain _____		
TOTAL ESTIMATE:	_____	
TOTAL REQUESTED:	_____	
TOTAL APPROVED:	_____	

Requestor's Signature _____ Date _____

21st Century School Council approval _____ Date _____

Building Principal approval _____ Date _____