

**JACKSONVILLE NORTH PULASKI SCHOOL DISTRICT  
PROFESSIONAL MEETING ATTENDANCE REQUEST  
ESTIMATE OF TRAVEL EXPENSES**

**Professional Development/Conference Information MUST be submitted to the Asst. Superintendent's Office at least two weeks before the date of the PD**

|   |  |
|---|--|
| Date  |  |
| Employee Name   |  |
| Name & Location of PD/Conference                                      |  |
| How will this training improve academic achievement in your building? |  |
| Purpose of Conference/PD  |  |
| Dates of Conference/PD  |  |

**Estimate of Professional Development/Conference Expenses**

|   |  |
|---|--|
| Registration Fees   |  |
| Are registration fees to be paid in advance. If yes, please attach completed registration form. |  |
| Will a sub be required?   |  |
| Mileage (Use district mileage chart.) Only if school vehicle is not available.                  |  |
| Meals (allowed amounts in policy and only paid for overnight travel)                            |  |
| Hotel Name and Phone  |  |
| Hotel Address   |  |
| Check-In Date / Checkout Date   |  |
| Other (parking, fees, etc)  |  |
| <b>GRAND TOTAL</b>  |  |

**District & School Approval (office use only)**

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

Approved \_\_\_ Denied \_\_\_ Bldg / Dept Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_ Denied \_\_\_ Asst. Superintendent/  
Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Required

Fund to Charge \_\_\_\_\_