

## BOLD High School Staff Development Request

Employee Name: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Workshop Title/Activity: \_\_\_\_\_

Date and Location: \_\_\_\_\_

### Cost Estimate Calculations

**Registration Fee** \$ \_\_\_\_\_

\_\_\_\_ I will submit a purchase order for payment

\_\_\_\_ I will request reimbursement for payment

**Housing/Accommodations** \$ \_\_\_\_\_

\_\_\_\_ I will work with Aimee/Carol on reservation arrangements

\_\_\_\_ Hotel not required

**Substitute Costs** \$ \_\_\_\_\_

\_\_\_\_ Certified Teacher (\$113.15 per full day)

**Meals** \$ \_\_\_\_\_

\_\_\_\_ One half day (up to \$15.00)

\_\_\_\_ One full day (up to \$30.00)

**Mode of Transportation** (calculate at \$.55/mile) \$ \_\_\_\_\_

\_\_\_\_ School Van

\_\_\_\_ Personal Vehicle

(if van is unavailable or has committee approval)

Reason for using personal vehicle:

**Total Cost** \$ \_\_\_\_\_

**Please submit this form to your Staff Development Site Chairperson. You will be notified by E-mail when your application has been approved/denied. Thank you.**

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### \*\*\*\* COMMITTEE/OFFICE USE ONLY \*\*\*\*

Date Reviewed and verified: \_\_\_\_\_ Principal's Signature \_\_\_\_\_

Committee Approval \_\_\_\_\_ Yes \_\_\_\_\_ No

Purchase Order Numbers related to this: \_\_\_\_\_

Registration Deadline \_\_\_\_\_ Payment Deadline \_\_\_\_\_