

Beresford School District #61-2  
Teacher-Initiated Application for  
Professional Travel/Expense for Professional Meetings

Please complete the following application providing the members of the School District Committee on Leave to Attend Meetings with the requested information and return to the Superintendent's Office. Information pertaining to the criteria to be used by the Committee in making recommendations is available in each school principal's office.

Before returning the application, check with your building principal and review the school calendar for possible conflicts in dates. Also, research the related costs involved, since reimbursement is based upon what appears below as your expected expenses. The members of the Committee on Leave to Attend Meetings will meet after all applications are received to make recommendations on the expenditure of travel/expense funds. You will be informed of the disposition of your application. All teacher-initiated requests for professional travel must have the recommendation of the Committee on Leave to Attend Meetings.

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Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Grade Level and/or Subject Areas: \_\_\_\_\_

Activity Assignments: \_\_\_\_\_

Teaching Level:  Elementary  Secondary      # Years in School District: \_\_\_\_\_

Name of Workshop/Convention: \_\_\_\_\_

Place of Workshop/Convention: \_\_\_\_\_

Dates You Will Be Attending: \_\_\_\_\_

Please explain how attendance at this meeting will contribute to your professional growth:

How do you plan on sharing ideas and information received through attendance at this meeting?

Please identify the professional organizations of which you are a member and the years for each organization:

Requested Expenses  
{full or partial expenses may be requested}

Registration Fees: \_\_\_\_\_ (No membership or tuition costs allowed.)

Meals: \_\_\_\_\_ (At the school policy rates.)

Lodging: \_\_\_\_\_ (Receipts are required.)

Sub Teacher Costs: \_\_\_\_\_ (If needed.)

\*Total Expenses: \_\_\_\_\_

\*Reimbursement is based upon the amount that appears in this application or approved by the Committee. Claims for reimbursement must be returned to the Superintendent's Office within two (2) weeks after returning to the school district.

\*\*Mileage will be reimbursed at \$.42 per mile ONLY IF A SCHOOL VEHICLE IS NOT AVAILABLE. If personal vehicle is used at employee's discretion, mileage will be reimbursed at \$.23 per mile.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Special Note --- You may attach other information about the meetings/workshops you have attended at District or your own expense as you deem appropriate.