



BROOKS COUNTY SCHOOL DISTRICT PROFESSIONAL LEARNING DEPARTMENT

PL ACTIVITY ESTIMATED EXPENSES & PRIOR APPROVAL FORM

Person Requesting Approval: _____

Work Site: _____

PL Activity Title: _____

Submission Date Deadline: _____ Dates of Activity: _____ Registration Deadline: _____

*Forms SHOULD be submitted
TWO weeks prior to event*

Participants to Attend: _____ Location: _____ ☐ Low Cost Area ☐ High Cost Area

Explanation of how the activity fits into District/School Improvement Plan(s): _____

Type of Request

(check all that apply)

☐ Professional Services

☐ Registration Fee

☐ Substitute

☐ Lodging

☐ Meals
(overnight only)

☐ Other Travel Expenses

☐ Other Expenses

☐ Rental Car

☐ Materials

☐ Mileage Reimbursement

Professional Services	Registration Fee	Substitute		
Description of Services:	<input type="checkbox"/> No Fee <input type="checkbox"/> Fees to be paid with PO (Requisition should be submitted by school or Fund Coordinator) Requisition #: _____ (Recorded by Funding Coordinator)	Total # of Subs Needed:	Total # of Days Requested:	Cost of Sub Per Day: Full Day \$88.00
1. Estimated Cost:	2. Estimated Cost:	3. Estimated Cost:		

Lodging (share rooms)			Other Travel Expenses		Other	
Occupancy: Single Double	# of Nights:	Cost Per Night:	Cost for Parking: # of Days:	Cost for Public Transport/Taxi:	Specify: Cost:	Specify: Cost:
# of Rooms Requested:						
4. Estimated Cost:			5. Estimated Cost:		6. Estimated Cost:	

Mileage Reimbursement (\$0.655 per mile Carpool)		Meals (NOT provided by conference)			Materials/Supplies
Total Estimated Miles (To and From):	No. of Cars:	No. of Breakfasts (\$13)	No. of Lunches (\$14)	No. of Dinners (\$23)	Description of Needed Materials: Vendor:
7. Estimated Cost:		8. Estimated Cost:			9. Estimated Cost:

Total of 1-9

PL Activity Estimated Expenses Total:

Please note funding source: ☐ Title I ☐ Title II ☐ Title IV ☐ Special Education ☐ Other: _____

Submitted by: _____ School/Department: _____

Date: _____ ☐ Approved Agenda Attached

Title	Signature	Date
Principal		
PL Director		

Title	Signature	Date
Superintendent		
Fund Coordinator		

Please scan and email this form and attachments to blee@brooks.k12.ga.us for preK-12.

Form Revised 06/01/2023

For travel outside of Georgia, per diem rates should be utilized. Go to <http://goo.gl/6R5wzP> for the most current rates by state.