

Exhibit
District Policy 4150

Professional Leave Travel Request

To be completed and approved 30 days prior to travel dates, in accordance to District Policy 4150
Please attach full agenda

Name: _____

Division / Department: _____

Conference Title: _____

Location: _____

Dates of Travel/Dates of Conference: _____

Professional development benefits to the district:

Any sessions you have been asked to present:

Estimated Travel Costs		Actual Travel Costs	
Airfare		Airfare	
Other costs (i.e. rental car, mileage, etc.)		Other costs (i.e. rental car, mileage, etc.)	
Lodging		Lodging	
Per Diem (according to www.GSA.gov website, for meals and incidentals)		Per Diem (according to www.GSA.gov website, for meals and incidentals)	
Taxi/Parking		Taxi/Parking	
Internet service, business fax, business phone calls, photocopies, out-of-state tolls, etc.)		Internet service, business fax, business phone calls, photocopies, out-of-state tolls, etc.)	
Registration Fees		Registration Fees	
Other		Other	
Total Estimate		Total Actual	

Will you access Professional Growth Funds for this trip? ___ No ___ Yes If yes, amount:
Please attach a copy of the signed Request for Professional Growth Funds form.

Signature of Requestor

Signature of Supervisor

Signature of Chief

Special Notes: _____

Registration deadline for discounts: _____