**
2018-2019 Request Approval for School Professional Development Title IV**

# SCHOOL CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **School Name:** |  | **Date Requested:** |  |
| **Name of Participant:** |  | **School Position:** |  |
| **Participant Email:** |  | **Participant Phone:** |  |
| **Content Area Focus** |  | **School Phone:** |  |
| **School Address:** |  | **Principal:** |  |
| **Date:** |  | **Location:** |  |
| **Conference/Workshop Title:** |  |
| **Number and Class of Attendees** |  |
| **Describe the requested professional development activity based upon the school needs assessment:** |
|  |

# Documentation

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| --- |
| Include a detailed description of the conference or workshop (announcement, agenda, session topics, etc.). |

# Estimated Budget

|  |  |
| --- | --- |
| **Registration Fee** (attach proof of payment by individual)  | $ |
| **Lodging** (*per diem amount or city based on federal travel rates)* | $ |
| **Mileage** (.*565 cents per mile*) **or airline ticket, whichever is less** | $ |
| **Meals** (*per diem amount for city based on federal travel rates) \*Itemized receipts required for all meal reimbursements.* | $ |
| **TOTAL REIMBURSEMENT REQUESTED:** | $ |

# authorization

I authorize the use of Title IV funds to support the professional development activity stated above. This professional development activity supports the instructional needs of our students and professional development plan of our school. All invoices are to be paid 30 days from the date of the invoice.

# SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| **Principal Signature** |  | **Date** |  |
|  |
| **PD Manager Signature** |  | **Date** |  |
| 🞎Approved 🞎 Not Approved 🞎 Title IV Ineligible 🞎 Unaligned to Need Assessment |

**Please remember that you have to pay for everything up front and submit receipts, proof of payment and certificates of completion of the workshop. Also remember that shared receipts may not be submitted. According to Title II and HISD guidance (attached), all submitted receipts must be itemized, show no alcohol purchases and must total the amount that is being requested for reimbursement**