

Professional Development Approval Form

This form must be approved before registering for events, or ordering materials.		Buena Vista City Public Schools	
Today's date		Employee Name School Name	
Conference Date(s):		Conference Location:	
Material (and cost if appropriate):			
Conference Name /Resource Title			
Targeted Area:			
Needs Justification (please attach relevant data):		Substitute Needed:	
Lodging Cost: (per diem for geographical area):		Transportation Cost (must take school car, if applicable):	
Total Meal Costs (per diem for geographical area):		Total Cost:	
Measurable Objectives/Goals:			
Implementation plan and projected date of presentation to BVCPS personnel:			
Principal Approval:	Date:	Signature:	
Grant Coordinator Approval	Date:	Signature:	
Final Approval by Assistant Superintendent:	Date:	Signature:	
Budget Line Item #			