

Eufaula Public Schools
Request for Professional Development Activity

This form is to be completed before attending a professional development activity. It should be completed only for those activities that occur outside the district and for which you expect to be reimbursed, compensated, or a substitute is required.

Date: _____

Name: _____

Title of Professional Development Activity:

Date(s) of Activity: _____

Location of Activity: _____

Substitute Required: YES NO

Best Estimate on the Following Reimbursable Expenditures: \$ _____

Registration Fee: \$ _____

Lodging Expense: \$ _____

Mileage Expense: \$ _____

Approved by Administrator: _____

Date: _____