



HARALSON COUNTY BOARD OF EDUCATION PROFESSIONAL LEAVE EXPENSE QUOTE

		DATE OF REQUEST	
NAME (LAST, FIRST, INITIAL)		SCHOOL / DEPARTMENT & GRADE OR SUBJECT	PHONE NUMBER
TITLE OF PROFESSIONAL LEAVE ACTIVITY		OBJECTIVE FROM THE SCHOOL IMPROVEMENT PLAN or DISTRICT STRATEGIC IMPROVEMENT PLAN THAT ALIGNS TO THE PL?	
HOW WILL THE TRAINING BE IMPLEMENTED?			
<input type="checkbox"/> Redelivery to (what group?) <input type="checkbox"/> Classroom instruction <input type="checkbox"/> Analysis of current procedures <input type="checkbox"/> Leadership development			
LOCATION (CITY, STATE)	NUMBER OF WORKDAYS	NUMBER OF DAYS (INCLUDING TRAVEL TIME)	DEPARTURE / RETURN DATES
SUB REQUIRED: (ENTER DATES)		SUB PREFERENCE	
		FULL DAY <input type="checkbox"/> HALF DAY <input type="checkbox"/> - AM <input type="checkbox"/> or PM <input type="checkbox"/>	
EXPENSE ESTIMATE		Approval must be granted prior to registration for the conference or meeting. A copy will be returned to the employee. Mileage \$.655 per mile. You must carpool and share a room whenever feasible.	
LODGING	MEALS	MILEAGE / TRANSPORTATION	REGISTRATION
			MISCELLANEOUS (PARKING, TOLLS, ETC.)
TOTAL ESTIMATED EXPENSES		FUNDING SOURCE (Central Office use only)	
\$	<input type="checkbox"/> L4GA Grant <input type="checkbox"/> Title I <input type="checkbox"/> Title V <input type="checkbox"/> IDEA- VIB <input type="checkbox"/> State Professional Learning Funds <input type="checkbox"/> Other (specify) _____		
	Account Code		
REMARKS			
<input type="checkbox"/> I attest that I have successfully completed the FY23 online travel modules and understand my responsibilities related to travel requests and reimbursement. (Travel requests will NOT be approved until you have completed the online travel modules).			
APPROVALS			
EMPLOYEE (signature)		DATE	
EMPLOYEE'S SUPERVISOR (signature)		DATE	
CHIEF ADMINISTRATIVE OFFICER (signature)		DATE	
SUPERINTENDENT (signature)		DATE	