



PROFESSIONAL DEVELOPMENT REQUEST - STAFF

PROGRAM INFORMATION

NAME _____ DATE _____

PROGRAM TITLE _____

PROGRAM DATES _____

PROGRAM LOCATION _____

PROGRAM PARTICIPANTS (Estimate) _____

COST OF TRIP (ESTIMATE)

DESCRIPTION	COST
Program Registration Program Speakers (if applicable)	
Food**	
Lodging**	
Travel (mileage reimbursement)**	
Other**	

TOTAL: _____

***After trip please submit receipts to accounting for reimbursement. Please call accounting manager if advance is necessary. Please see the Faculty & Staff portal for check request form.*

ALL SCHOOL DEPARTMENT: _____

ALL SCHOOL DEPARTMENT CHAIR SIGNATURE: _____

DIVISION HEAD SIGNATURE: _____

NOTE: If more than one staff member is attending the same program please coordinate the program registration to take advantage of possible quantity discounts.