

SAU #67 BOW SCHOOL DISTRICT

Workshop Approval Form
(Revised November 2007)

Last Name: _____ First Name: _____ Date: _____

School: _____

Current Position: _____ Grade and/or Subject: _____

Title of course or workshop: _____

Location: _____

Date course/workshop to begin: _____ Ending Date: _____

Description of Activity: _____

How does this activity relate to your goals and professional growth plan? _____

REQUEST FOR FUNDING – PROJECTED COSTS

Sub Needed? YES NO		Mileage _____	\$ _____
Workshop/Conference Fee	\$ _____	Tolls/Parking/Fare:	\$ _____
Other:	\$ _____	Meals: _____	\$ _____
		Lodging _____ nights	\$ _____
			Total Funds Requested \$ _____

_____ Approved _____ Denied

• Principal's Signature: _____ Date: _____

• Staff Member Signature: _____ Date: _____

Complete this section after the workshop:

What were the merits of this workshop? _____

COMPLETION – ACTUAL COSTS

(Identify Items attached for verification)

[] receipt w/cancelled check [] transcript or grade report [] mileage receipt
[] meals receipt [] tolls/parking/fare receipt [] lodging receipt
[] other

Once workshop/course is completed, return workshop/course approval form to principal or superintendent to receive funding reimbursement.