

HILLSBORO COMMUNITY UNIT SCHOOL DISTRICT #3
 HILLSBORO, ILLINOIS 62049

REQUEST TO ATTEND PROFESSIONAL MEETING FY 2019

Name: _____ School: _____

Title of Meeting: _____

Location of Meeting: _____ Date of Meeting: _____

Sponsoring Organization: _____

Estimate of Costs: Registration _____ Sub Teacher _____ Travel Miles _____
 Housing _____ Per Diem _____ Parking _____
 Total Estimated Cost _____

Required – Please indicate how this Professional Meeting aligns with (Check one):

- Building School Improvement Plan
- Individual Professional Development Plan
- Other _____

Will you share information from this meeting with other members of the staff? Yes _____ No _____

Signature of Teacher _____
 Date _____

Approval – Disapproval of Building Principal _____
 Date _____

Approval – Disapproval of Superintendent _____
 Date _____

 (For District Use Only)

Registration Fees	_____	A)	Title I	# 10-2213-3320-00-30
Travel	_____	B)	Title IIA	# 10-2213-3320-00-87
Substitute Teacher	_____	C)	Other	_____

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PROFESSIONAL MEETING EVALUATION FY 2019

Teacher Name _____ Date _____
Building _____ Grade Level _____
Workshop/Conference _____

Evaluation Comments

Please list below information that you obtained from the workshop/conference that you will be able to use in your classroom to improve teaching:

Please rate this workshop/conference:	Excellent					Poor
	5	4	3	2	1	

********This form must be completed in full to receive reimbursement********

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EXPENSE REPORT

Name _____ Date _____ Building _____

Location/Reason for Trip _____

Dates of Trip _____ - _____	MON	TUES	WED	THUR	FRI	SAT	SUN	Total for Week
Mileage								_____
Meals								_____
Lodging								_____
Miscellaneous								_____

Signature _____

For Office Use Only: -----

Approved by _____

Expense Total \$ _____

Charge Account Title I: _____ 10-2213-3320-00-30
 Title IIA: _____ 10-2213-3320-00-87
 Other: _____

*******This form must be completed in full to receive reimbursement*******