

HILLSBORO COMMUNITY UNIT SCHOOL DISTRICT #3
HILLSBORO, ILLINOIS 62049

REQUEST TO ATTEND PROFESSIONAL MEETING

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 _____

Please explain how this professional development aligns with the checked response:

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 Unit Office _____
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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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*******