|  |  |
| --- | --- |
| ***https://lh5.googleusercontent.com/P2i3tjr87__QPi4bE9FSjMZO9vL7T2U5pgc1URI5DxrCWGm97rmZY31UmpKrMLZa6J0DBbu8mfUlz3D7Ck1xow4lsr5VKIiiyN-nTIuqL9bzWQsTiqyF6JCOLW-LgOfA4sGCau7_*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? |
| [ ]  Redelivery to (what group?)        [ ]  Classroom instruction [ ]  Analysis of current procedures [ ]  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**[ ]** HALF DAY **[ ]**  - AM [ ]  or PM [ ]  |
| **EXPENSE ESTIMATE** | Approval must be granted prior to registration for the conference or meeting. A copy will be returned to the employee. Mileage $ .67 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) |
| $       | [ ]  L4GA Grant [ ]  Title I [ ]  Title V [ ]  IDEA- VIB[ ]  State Professional Learning Funds [ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Account Code |
| REMARKS |
| [ ]  I attest that I have successfully completed the **FY24 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 |
|  |  |

**\*A COPY OF THIS APPROVED QUOTE MUST ACCOMPANY THE TRAVEL REIMBURSEMENT FORM \*** HCPL - 1 01/2024