|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***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