



# HARALSON COUNTY BOARD OF EDUCATION PROFESSIONAL LEAVE EXPENSE QUOTE

DATE OF REQUEST		<b>9/24/15</b>		
NAME (LAST, FIRST, INITIAL)		SCHOOL / DEPARTMENT & GRADE OR SUBJECT		PHONE NUMBER
Doe, Jane		HCHS		770-574-7647
TITLE OF PROFESSIONAL LEAVE ACTIVITY		<b>OBJECTIVE</b> FROM THE SCHOOL IMPROVEMENT PLAN or DISTRICT STRATEGIC IMPROVEMENT PLAN THAT ALIGNS TO THE PL?		
Math Interventions for Algebra		Design and implement site specific professional development		
<b>HOW WILL THE TRAINING BE IMPLEMENTED?</b>				
<input checked="" type="checkbox"/> Redelivery to (what group?) Math teachers <input checked="" type="checkbox"/> Classroom instruction <input type="checkbox"/> Analysis of current procedures <input type="checkbox"/> Leadership development				
LOCATION (CITY, STATE)		NUMBER OF WORKDAYS	NUMBER OF DAYS (INCLUDING TRAVEL TIME)	DEPARTURE / RETURN DATES
Atlanta, GA		3	3	10/7/15-10/9/15
SUB REQUIRED: (ENTER DATES)		SUB PREFERENCE		
10/7-10/9		Joe Smith		FULL DAY <input checked="" type="checkbox"/> HALF DAY <input type="checkbox"/> - AM <input type="checkbox"/> or PM <input type="checkbox"/>
<b>EXPENSE ESTIMATE</b>		Approval must be granted prior to registration for the conference or meeting. A copy will be returned to the employee. Mileage \$ .575 per mile. <b>You must carpool and share a room whenever feasible.</b>		
LODGING	MEALS	MILEAGE / TRANSPORTATION	REGISTRATION	MISCELLANEOUS (PARKING, TOLLS, ETC.)
300	90	110 x .575 = \$63.25	\$50	\$5
TOTAL ESTIMATED EXPENSES		FUNDING SOURCE (Central Office use only)		
<b>\$ 508.25</b>		<input type="checkbox"/> School Funds <input type="checkbox"/> Grant (specify) <input type="checkbox"/> Title I <input type="checkbox"/> Title IIA <input type="checkbox"/> Title IID <input type="checkbox"/> State Professional Learning Funds <input type="checkbox"/> Other (specify) _____		
		Account Code		
<b>REMARKS</b>				
X I attest that I have successfully completed the <b>FY16 online travel modules</b> and understand my responsibilities related to travel requests and reimbursement. (Travel requests will NOT be approved until you have completed the online travel modules).				
<b>APPROVALS</b>				
EMPLOYEE (signature)			DATE	
PRINCIPAL (signature)			DATE	
PROFESSIONAL LEARNING DIRECTOR (signature)			DATE	
SUPERINTENDENT (signature)			DATE	

**\* A COPY OF THIS APPROVED QUOTE MUST ACCOMPANY THE TRAVEL REIMBURSEMENT FORM \***