

**NON-PUBLIC SCHOOL
PROFESSIONAL VISITATION REQUEST
(Complete and return to Grant Coordinator)**

Name _____ School _____ Date _____

Leave is requested to observe or attend: _____

Location _____ City _____ State _____

Date(s) of Conference: _____

Goal this supports: _____

Substitute Coverage: ½ Day A.M. ½ Day P.M. Full Day None Required

List all other workshops/professional days you have had approved this year. If none, write "none." Amt. Approved

Name of Workshop	Date	Amt. Approved
Name of Workshop	Date	
Name of Workshop	Date	
Name of Workshop	Date	
Name of Workshop	Date	

<input type="checkbox"/>	I request travel expenses for _____ miles	Estimated Amount	_____
<input type="checkbox"/>	I request registration fee	Amount	_____
<input type="checkbox"/>	I request reimbursement for meals	Estimated Amount	_____
<input type="checkbox"/>	Other (Specify) _____	Estimated Amount	_____
<input type="checkbox"/>	No reimbursement requested	TOTAL AMOUNT REQUESTED	_____
		AMOUNT APPROVED	_____

A. Requests of less than \$500 should be received at least (15) days prior to the date of the event.

B. Requests of \$500 or more should be submitted at least (30) days prior to the event, as Board Approval is needed.

1. Enclose conference bulletin with request
2. A brief report must be submitted as a follow-up assessment of the value of the experience.

C. \$200/day allowance for combined room and meals (when applicable)

Method of Funding: (please check one)

Operating Budget

Federal: Project #: _____

Title I or II

Other: _____

TOTAL AMOUNT REQUESTED _____

AMOUNT APPROVED _____

REQUEST DENIED _____

REASON: _____

Department Coordinator's Signature: _____

Date: _____

Grant Coordinator's Signature: _____

Date: _____