



Cloquet Public Schools Request for Staff Development

Staff Member Name: _____ Date: _____

School/Department: _____

Name of Event: _____ Location: _____

Date(s) of Event: _____ Time Event Begins: _____ Ends: _____

Dates to be Absent from Duty: _____

Dates When a Substitute is Required: _____

Purpose of Event: _____

Building/District Goals Addressed: _____

Are you a member of a sponsoring organization? (Not essential for approval) _____

How do you plan to share/use information with colleagues?

When did you last attend a similar event? _____

How many times have you attended in the past? _____

Estimate of Expenses to the District: _____ Budget Code: _____

Registration: _____

Lodging: _____ = (Total Amount of Lodging) Number of Nights: _____

Airfare: _____

Mileage /Ground Transport/Parking/Other:

Item #1 Total Mileage: _____ IRS Rate: Estimated Cost:

Item #2 _____ Estimated Cost: _____

Item #3 _____ Estimated Cost: _____

Item #4 _____ Estimated Cost: _____

Meals (Per Diems based on Minnesota Management and Budget Commissioner's Plan):

Number of Breakfasts: Number of Lunches: Number of Dinners:

Per Diem: \$8.00 Per Diem: \$10.00 Per Diem: \$15.00

Total Estimated Expenses:

Attach conference agenda and other relevant documents to support request.

Submit itemized receipts when you request reimbursement as per procedure.

Building Administrator's Approval: _____ Date: _____

Fund Administrator's Approval: _____ Date: _____

Superintendent's Approval: _____ Date: _____

Office Use Only

Purchase Order #:	P.O. Date:	Purchase Method:
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