

May Howard PTA Individual Professional Learning Request

Person Requesting:	Email:
Position:	Date Submitted:

Description of professional learning opportunity and how it will be utilized in the classroom to enhance instruction:

Professional Learning Opportunity Information (please attach documentation and receipts)

Class or Conference Name	Dates
Location Address	Location Telephone #
Name for Check	Total Cost for Profession Learning Opportunity:

Hotel Information (please attach documentation and receipts)

Hotel Name	Number of nights requested
Hotel Address	Hotel Telephone #
Name for Check	Total Cost for Hotel including taxes:

Travel Information

Type of Travel	Number of miles (roundtrip)
Date Leaving	Total Cost for Travel:

Meals (please attach documentation and receipts)

Day 1	\$
Day 2	\$
Day 3	\$
Day 4	\$
Day 5	\$
Total	\$

Summary of funds requested

Profession Learning Cost	\$
Hotel Cost	\$
Travel costs	\$
Meals	\$
Totals	\$

Signature of person requesting

Signature of Principal

PTA USE ONLY

Date Received:	Budget Category:
Requested by:	Total Requested:
Approved by:	Date:
Approved by:	Date: