How is this request related to the goals of the PDP and CSIP? (Check all that will apply)

_____PDP Goal 1. obtaining researched based teaching strategies
_____PDP Goal 2 development and implementation of curriculum
_____PDP Goal 3 instructional technology training
_____PDP Goal 4 mentee/mentor program training and observations
_____CSIP Goal 1 develop and enhance student performance
_____CSIP Goal 2 recruit, attract, develop, and retain highly qualified staff
_____CSIP Goal 3 provide and maintain appropriate instructional resources
_____CSIP Goal 4 promote parent, student, and community involvement
_____CSIP Goal 5 govern the LEA/District in an efficient and effective manner

Does the request relate to the promotion of student achievement? _____

Amount Requested	Total $ Requested
Number of Participants _____	
Workshop Registration Fee $_____/ Participant * __ of Meetings Workshop Fee PAID by a)Personal Credit Card b)School Credit Card c)Purchase Order d)RPDC	
Travel estimate (MAPQuest only)--$0.40/mile	
Lodging _____nights @ $_____ per night	
Sub(s) _____ @ $75 for _____ days	
Meals- All Day $30 or Breakfast $5, Lunch $10, Dinner $15 (MUST have receipts)	
Total Amount Requested from PDC	
Total Expenses Denied by PDC	
Total Amount Granted from PDC	
Total Amount Paid from PD funds	

Principals: Please review the request to insure that it meets qualifications for review by the PDC. Your signature is required before form is submitted to PDC.

Principal's Signature: _____

You are required to complete and present a follow up **Report Activities Form** at the next scheduled PDC meeting after your activity. A follow up report is required even if you are not asking for any reimbursements. Do not send reimbursements to Tina Davis. All PDC funded reimbursements must be submitted with receipts to the PDC chairperson or record keeper within seven days after the activity. PDC will submit approved reimbursement for payment to district bookkeeper.

****

PDC approval required for activity to be PDC funded. Signature of PDC Chairperson indicates submitted request approval or disapproval. Missouri Professional Development Guidelines and our district's guidelines will be followed by the PDC on determining approval or disapproval of request.

Approved _____ Not Approved_____

PDC Chairperson_____

Amount approved$_____

Approval Date_____

Total amount paid $_____

Date of payments_____