



## PRE-AUTHORIZATION FOR PROFESSIONAL DEVELOPMENT

<b>Employee Name:</b>
<b>Name of Workshop/Conference/Meeting:</b>
<b>Date(s) of Workshop/Conference:/Meeting:</b>
<b>Location of Workshop/Conference/Meeting:</b>
<b>Purpose:</b>

ESTIMATION OF EXPENSES	
Registration Fee	
Hotel per night (Maximum = State of Texas Travel or \$85 )	
Meal(s) Reimbursement - \$30/day (Requires overnight travel)	
Mileage Reimbursement (.535 cents per mile)	
<b>TOTAL ESTIMATED EXPENSE</b>	

For Office Use Only	
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
<b>Principal Signature:</b>	
<b>Superintendent Signature:</b>	
<b>Account Code:</b>	

*\*Following approval, you are required to submit a Reimbursement Form with receipts.*