**Millinocket School Department  
Professional Development Approval Form:**

**Please complete and submit this form to your department head**

**(at least two weeks prior to activity date)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Employee Name (First and Last Name) Today’s Date**  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Title of the Activity Dates of the Activity**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Location of the Activity Description and Focus of the Activity**

**Substitute Needed? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_**

**Will you register yourself? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_**

**Estimated Cost:  
 Registration: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Mileage: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Supplies: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Other (describe): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Check List:**

**\*Brochure, online printout, etc attached to this form for approval.**

**\*After form is approved, notify responsible employee to obtain a substitute.**

**\*After form is approved, registered yourself or notify responsible employee to register you.**

**\*After form is approved, notify the responsible employee regarding hotel reservations, if applicable.**

**\*After the form is approved, notify the responsible employee to create a purchase order.**

**\*After the event is completed, speak to the responsible employee regarding reimbursement, if applicable (information regarding reimbursement is attached).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Head Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  
**Superintendent of Schools Date**

**Office Use:  
\_\_\_\_\_ Title I # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_ Other # and Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_ Regular Budget Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXPENSE REIMBURSEMENT INFORMATION FOR EMPLOYEES:**

**(attached to Travel & Expense Form and Professional Development Approval Form)**

1. Meal reimbursements are required to have a detailed receipt. A credit or debit card receipt with just a total in not acceptable – it must include the printed detail of the meal.  We cannot reimburse for alcohol or sales tax.
2. Maximum meal reimbursement rates are on the travel reimbursement form.
3. Keep receipts for reimbursement if you need to pay any tolls during travel.
4. If the event is providing a meal, we can't reimburse you for a meal if you have that option to eat at the event.
5. Travel reimbursement is $.47 per mile and we have set rates for common travel destinations such as Bangor, Augusta and Portland.

If you live outside of Millinocket, travel will be considered to and from your home, if you are leaving and returning from your home