

**BLACK HAWK AREA SPECIAL EDUCATION DISTRICT**

4670 11<sup>th</sup> Street  
East Moline, IL 61244  
(309) 796-2500

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**REQUEST FOR STAFF DEVELOPMENT ACTIVITY**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Position: \_\_\_\_\_

**Instructions:**

1. Complete the front page of this form, then submit both to the BHASED office, adhering to the following guidelines:
  - a. **CONFERENCES:** Must be approved in advance. The request for attendance should be made no later than two weeks prior to the workshop/conference date(s).
  - b. **OUT-OF-STATE TRAVEL (Over 50 miles):** An Out-of-State Travel form must be completed and approved prior to registering or traveling to the conference. Allow additional time for ISBE approval. Forms are available at the Administrative Office or on-line.
  - c. **BUSINESS MEETING OUTSIDE BHASED:** Requests should be submitted a week prior to the meeting. Mileage and meals may be eligible for reimbursement.
2. Upon approval of your request, the form will be returned to you indicating conditions of approval, if any.
3. At the completion of your development activity, you are to complete the summary on the second page of this form along with RECEIPTS to be processed for reimbursement. NOTE: Reimbursement will NOT be given for any expenses that do not include an original receipt. Please share expenses when possible.

Staff Development Activity: \_\_\_\_\_  
Date(s): \_\_\_\_\_ Is this a scheduled work day? \_\_\_\_\_  
Location: \_\_\_\_\_ This is a BHASED sponsored workshop? \_\_\_\_\_

Description of Activity: (Please attach activity brochure to this form when submitting for approval.)

**Anticipated Costs of Activity:**

Registration: I will submit registration:  Please submit registration:   
Mileage: Round trip miles \_\_\_\_\_ x \$ .535  
Expenses shared with \_\_\_\_\_  
Lodging: Cost per night \_\_\_\_\_ x number of nights \_\_\_\_\_  
Meals: Max. per day for all meals = \$30  
Other: Explain: \_\_\_\_\_

*\*\*i-Pass is available upon request at the BHASED office.*

Total Costs: \_\_\_\_\_ Staff Member Signature: \_\_\_\_\_

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**BHASED OFFICE USE ONLY**

Supervising Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Request Approved:  Yes  No

Conditions for Approval: \_\_\_\_\_

Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

SUMMARY OF STAFF DEVELOPMENT ACTIVITY

Summary and evaluation of development activity: \_\_\_\_\_

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FINAL ITEMIZED COSTS FOR REIMBURSEMENT

Original receipts for all expenses, excluding mileage, and this completed form are to be submitted to Christan Schrader for reimbursement. \*\*Evidence of payment (canceled check, copy of credit card charge, receipt, etc. for the registration fee) must be provided.\*\*

Expenses shared with: \_\_\_\_\_

Registration Fee:	\$ _____	_____
Mileage:	\$ _____	_____ Miles x \$ .535
Accommodations	\$ _____	_____
Meals	\$ _____	_____
Total:	\$ _____	

Staff Member Signature: \_\_\_\_\_

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NOTE:

- Attach a copy of the brochure for the activity or a copy of the agenda.
- BHASED reserves the right to limit or decline to reimburse for any specific costs.
- NO RECEIPT(S) = NO REIMBURSEMENT.
- Tips are not reimbursed.
- Alcoholic beverage costs are not reimbursed.
- Maximum reimbursement for mileage costs may be limited.

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**\*\*Office Use Only\*\***

Amount to be Reimbursed: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_