



REQUEST FOR PROFESSIONAL DEVELOPMENT FUNDS

NAME _____ IEIN# _____ DATE _____

PROF DEV TITLE _____

PROF DEV LOCATION _____

PROF DEV DATE(S) _____ # PROF DEV DAYS REQUESTED _____

Is a substitute required? ___NO ___YES If yes, date / time substitute is needed _____

INSTRUCTIONS

1. Request for Prof Dev Funds form is due to BHASED a minimum of **two weeks prior** to the event date.
2. Complete this entire form and submit to your direct supervisor for approval.
**** INCLUDE BROCHURE OR DEVELOPMENT DESCRIPTION WITH THIS FORM.**
3. Upon approval, a copy of this form will be returned to you indicating approved or noting conditions for approval.
4. After Approval - Employees will make and pay for approved hotel reservations.
5. Reimbursement – Submit completed Expense Reimbursement Form (separate form) including original itemized receipts within 30 days of professional development.

REGISTRATION (Select one of the two options)

_____ **BHASED will submit registration and pay for professional development.**

_____ **EMPLOYEE will register & pay for professional development, then submit for Employee Reimbursement. (This form has to be approved prior to paying)**

PROJECTED COSTS

Registration / Dues \$ _____

Mileage \$ _____ # of miles round trip _____ x \$0.625/mile

Accommodations \$ _____ Cost per night \$ _____ # Nights _____

Meals \$ _____

TOTAL \$ _____

EMPLOYEE SIGNATURE _____ **DATE** _____

BHASED OFFICE USE ONLY

Supervisor Approval _____ Date _____

Request Approved: ___YES ___NO Conditions for Approval _____

Director Approval _____ Date _____

___ SDS ___ PD Budget ___ Employee Copy Sent ___ Personnel File ___ Bookkeeping