**Stephens County School System**Professional Development Pre-Approval Form – SCSPL-002

		1 1 01C3S1011a1	Developilient i re	-Appi o	ivai i	01111 - 303	1 L-U	02		
Nam	e of Activity:									
Training Agency:				List Dat	of ALL Tra	ainir	ıg			
Venue/Address:							l .			
					_					
	ding Source: er:									
					School/					
List of Participants				Position/Content Area				Location		
1.										
2. 3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
				Ac	coun	t Coding (t	o be	complet	ed by Book	keeper)
	Anticipated Expenses Estimated			Fund		Program Function			Object	Facility
Registration:										
Mileage:miles X .655/mile										
Substitute Teacher(s):										
Lodging:										
Meals:										
Other: Total estimated expense: **										
			xpense" approved (as st	J ated abov	e) canr	not be reimbu	rsed v	vithout ap	proval from t	he
		stem Superintender						-	•	
Funding Source Coordinator/Principal				Date						
Professional Development Coordinator				Date						