## **Stephens County School System**

		Activi	ty/Course Pre-Ap	proval	Fo	rm – SCSPL-	002			
Name of Acti	vity:		•							
Training Agency:			Number of PLU Credits to be Awarded:							
Venue/Address:			List of ALL Training Date			es:				
								I		
				Firs	t Da	ay of Trainin	g:			
			Fundir	ng Sour	ce					
Title I		Pre-K				School Lev	el – S	taff De	velopment	
		CTAE – Staff E	Development				Staff Development			
		CTAE – Comp	etition Travel	Other:					_	
1	List	of Participant	ts	Posit	ion	ı/Content A	rea		School/ Location	
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Anticin	Automotive de la contraction d			Account Coding (to be completed by Bookkeeper) Fund Program Function Object Facility						
Anticipated Expenses		Estimated Cost	Fun	u	Program	Ful	iction	Object	Facility	
Registration: Contract Serv										
Mileage:		les X								
Substitute Te										
Lodging:	dener	(3).								
Meals:										
Other:										
Total estima	ted exi	pense: **				II .				<u> </u>
		he "Total estimated e System Superintende	expense" approved (as ent.	stated abo	ove)	cannot be reimb	oursed	without	approval from	the
Funding Sou	rce Co	ordinator	Date							
Principal or l	mmed	liate Supervisoi	r Date							
Professional	Devel	opment Coordii	nator Date	-						

List of Participants	Position/Content Area	School/ Location
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