For Office Use Only Original to Finance Copy to Staff PD File

Date: Copy to Staff Member:



Professional Development Activity Post Approval Form

Name:			
Expenses for (Name of Activity & Date):			
Describe what you learned that	will assist you in your assignme	ent:	
Describe how you plan to disseminate information to your peers:			
	Estimated Expenses from prior approval	Actual Expenses receipts turned in with finance forms	
Registration Fees			
Lodging			
Meals			
Travel w/o Staff Vehicle (miles x IRS Rate)			
Travel with Staff Vehicle (yes or no)			
Other			
Total			
finance department pur	penses listed above are do chase card monthly transac ment form, and all receipts ropriate finance forms.	ction log or the mileage	
Signature		Date	
Account Code #(taken from the bottom of the	prior approval form returned to you	ı via vour supervisor)	

Approval and Date:		
Supervisor	Date	

Revised: 02/2025