



# BPS INSERVICE REQUEST FORM

Teacher -   
Administrator -   
Hourly -

Applicant: \_\_\_\_\_ Employee #: \_\_\_\_\_

Date of Inservice: \_\_\_\_\_ Bldg/Dept: \_\_\_\_\_

Title of Inservice: \_\_\_\_\_

Location of Inservice: \_\_\_\_\_

Purpose: \_\_\_\_\_

### ESTIMATED EXPENSES:

- Substitute required \_\_\_\_\_ days \$ \_\_\_\_\_
  - -Full Day    -1/2 AM    -1/2 PM
  - Grade/Subject \_\_\_\_\_
  - Date(s) needed \_\_\_\_\_
- Registration Fees \$ \_\_\_\_\_
  - Attach completed registration form and/or brochure indicating fees, dates, etc.
- Lodging per day \$ \_\_\_\_\_ x \_\_\_\_\_ days \$ \_\_\_\_\_
- Meals – maximum allowance \$25/day WITH RECEIPTS \$ \_\_\_\_\_
- Transportation (other than car) \$ \_\_\_\_\_
- \*Mileage \_\_\_\_\_ miles @ \_\_\_\_\_ per mile \$ \_\_\_\_\_
  - \*When more than one person is approved for conference attendance, arrangements to ride together should be made as mileage will be paid only for one car.

TOTAL ESTIMATED COST: \$ \_\_\_\_\_

In what specific ways will you disseminate the information gathered? \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Administrator

\_\_\_\_\_  
Date

Approved: -Yes -No

Written Report Required: -Yes -No

Sub account code: \_\_\_\_\_ Job # \_\_\_\_\_

Conf/wkshp account code: \_\_\_\_\_ PO# \_\_\_\_\_