

STAFF DEVELOPMENT FUNDS REQUEST 07-08

Person Requesting Funds: _____

Site: _____

Date: _____

Request is for: _____

Budget:

Registration fee: \$ _____

Lodging: \$ _____

Substitute Wages: (\$100 per day) \$ _____

Mileage (estimate) \$ _____

Meals \$ _____

Other: _____ \$ _____

_____ \$ _____

Total Request:

\$ _____

Please voucher for mileage (37 1/2 cents per mile) and meals (\$25 maximum per day). Receipts must be attached to the voucher.

	<u>Fund</u>	<u>Building</u>
____ Approved	____ Building Site (50%)	____ WKHS
____ Denied	____ Exemplary Grants (25%)	____ THHS
	____ District (25%)	____ WKES
	____ Title I	____ MINNE
	____ Special Ed.	

Staff Development Signature

Date

Principal Signature

Date