

PROFESSIONAL DEVELOPMENT FUND (ATSP)

NAME: _____

I would like to attend the following activity: _____

Are you a member of the professional association which sponsors this conference? _____ Yes _____ No

Location of Activity: _____

Date(s) of Activity: _____ Number of Days Attending: _____

Have you used the ATSP Professional Development Fund during the previous fiscal year? _____ Yes _____ No

If yes, list the professional activities and funds received: _____

<u>Description</u>	<u>Cost</u>	<u>Request</u>	<u>Limit</u>
Transportation	_____	_____	N/A
Registration Fee	_____	_____	N/A
Lodging	_____	_____	125.00/day
Meals	_____	_____	45.00/day
Miscellaneous	_____	_____	N/A
Total	_____	_____	Maximum \$1,200.00

Approved by:

Immediate Supervisor	Date
Director of Human Resources	Date
Assistant Superintendent of Administration	Date

Original will be returned to Chantress Baptist, Director of Human Resources

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NAME: _____ COST CENTER: _____

Your request for funds to attend the professional development activity indicated on the form you submitted has been approved in the amount of \$ _____.

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