

Prior to making travel arrangements/reservations:

- Complete and submit "Prior Approval for Professional Development" form
 - Attach conference documentation for requested PD session to professional development request form (where, when, dates, etc.)
- Obtain purchase order for all applicable vendors (multiple vendors require a different PO for each; if you are being reimbursed for your travel expenses requires one PO listing yourself as the vendor)

While traveling:

- Obtain an itemized receipt for all expenses (airfare, hotel, ground transportation, etc.)
 - Receipts are not required for meals and incidentals (baggage tips, etc.). Meals will be reimbursed at the federal CONUS per diem rate for actual destination (See the M&IE section for details and rates: <https://www.gsa.gov/travel/plan-book/per-diem-rates>)
- Keep documentation proving you attended conference (agenda, nametag, certificate of attendance, etc.)

When requesting reimbursement:

- Complete "Claim for Travel Expenses" form for all travel related to professional development. *The form must be signed in permanent ink and original documents must be submitted to the Finance Department for reimbursement.*
- Attach itemized receipts and documentation for all expenditures:
 - Conference- agenda/name tag/certificate of attendance, etc.
 - Airfare- itemized airfare receipt and flight itinerary
 - Hotel- original itemized lodging receipt
 - Car rental- original itemized receipt
 - Parking- original itemized receipt
 - Ground transportation- original itemized receipt

Important Considerations:

- The district discourages the use of travel sites such as Expedia, Travelocity, etc. when arranging for school district travel.
- Employees will not be reimbursed for any personal travel reward points used (airlines, fuel, hotel, etc.) when making reservations for district travel.
- If prior authorization did not occur before the official travel took place, the district reserves the right to deny the reimbursement request.
- Employees cannot receive an honorarium, stipend, or any other compensation from a third party and also request travel reimbursement.



Prior Approval for Professional Development Activities

Pursuant to AD 2.804.1, prior approval is required by the Director of Schools for any employee travel involving an overnight stay or mileage more than 50 miles one-way. Once approved, employees are responsible for making their own travel arrangements, including transportation, accommodations, and any other related bookings, subject to the limitations in Board policy and AD 2.804.1. Please complete this form and return to Jaclyn Saunders at jaclyn.saunders@cityschools.net.

Activity Title: _____

Sponsoring Organization: _____

Activity Dates: _____ **Location:** _____

Proposed Attendees (attach separate document if more than 3 attendees):

Name	Title	School/Department

Briefly describe how attendance will positively impact student learning:

Funding Source*:

- | | | |
|--|--|---|
| <input type="checkbox"/> General Purpose | <input type="checkbox"/> Extended School Program | <input type="checkbox"/> School Nutrition |
| <input type="checkbox"/> Title IA | <input type="checkbox"/> Title IIA | <input type="checkbox"/> Title III |
| <input type="checkbox"/> IDEA | <input type="checkbox"/> Grant: _____ | <input type="checkbox"/> ESSER |
| <input type="checkbox"/> Other: _____ | | |

*If using federal funds, please complete the *Federal Programs Supplemental Prior Approval form*

Proposed Budget for Professional Development Activity	
Expense Name	Total Estimated Cost
Activity Fee (Conference or training registration)	
Transportation (select applicable modes of transportation) <input type="checkbox"/> Mileage _____ miles at \$0.655/mile <input type="checkbox"/> Airfare Cost: _____ <input type="checkbox"/> Parking Cost: _____	
Lodging (\$ _____ for _____ day(s))	
Meals (\$ _____ for _____ day(s))	
Substitute Cost, if applicable	
Other:	
Total Estimated Cost	

My signature below confirms that I have reviewed [Board Policy 5.113](#) and [Board Policy 2.804](#). I will only request those expenditures that are in alignment with those policies, have been prior approved pursuant to this request, and can be documented. If approved, upon completion of activity, I hereby agree to submit one complete set of all documentation (agenda, program, receipts) to my supervisor and the MCS Finance Department for payment.

Requestor Signature _____ Date Submitted _____ Supervisor Signature _____ Date Approved _____

Finance Director Signature _____ Date Approved _____ Director of Schools Signature _____ Date Approved _____



Prior Approval for Professional Development Activities Federal Programs Supplemental Information

When using federal funds for professional development activities, the requested activity must align with your school or the district’s current approved School Improvement Plan and applicable federal law and regulations. Activities not in alignment will not be reimbursed pursuant to [guidance](#) provided by the Tennessee Department of Education Division of Federal Programs and Oversight. Please complete the following form to document this requested activity’s alignment with

What identified School Improvement Plan goal and action step will this activity target?

How will you evaluate the effectiveness of this professional development?

ESSA § 8101(42) defines “professional development” as activities that are an integral part of the school and district strategies for providing educators with the knowledge and skills necessary to enable students to succeed. The definition specifically notes that professional development activities are sustained (not stand-alone, 1-day, or short-term workshops), intensive, collaborative, job-embedded, data-driven, and classroom-focused. If your request is for a short-term workshop or stand-alone professional development activity, explain how this activity will impact the larger system-wide initiative:

My signature below confirms that I understand that I am requesting to use a federal funding source for professional development, and I will comply with any and all applicable additional requirements for use of funds for professional development, including documentation of the effectiveness of the professional development.

Requestor Signature

Date Submitted

Supervisor Signature

Date Approved

Federal Programs Director Signature

Date Approved

Finance Director Signature

Date Approved

Director of Schools Signature

Date Approved

Claim for Travel Expenses

For Fiscal Use Only					
Fund	G/L Acct#	Object	Project	Location	Amount

For Period from: _____ to _____

Department/School: _____

This claim must be prepared in accordance with travel regulations. Prepare in ink and submit original copies of receipts.

Date	Place & Time Left	Place & Time Arrived	Transportation				Subsistence				Other Expenses Itemized, Attach Receipts and Explain	
			Miles	Mileage Amount \$0.655/mile	Airline/Other	Taxi/ Rideshare	Lodging	Breakfast	Lunch	Dinner		
	AM/PM	AM/PM										
	AM/PM	AM/PM										
	AM/PM	AM/PM										
	AM/PM	AM/PM										
	AM/PM	AM/PM										
GRAND TOTAL FOR EACH COLUMN												

GROSS TOTAL: _____

(Calculate the gross total for all travel expenses)

Additional explanation of any other expenses:

Requestor Name: _____

Requestor Address: _____

Requestor Phone: _____

By signature below, the requestor certifies that that the claim is true and correct.

Requestor Signature (original signed in ink) _____

_____ Date

Supervisor Approval _____

_____ Date

Finance Director _____

_____ Date

