



Intermediate Service Center No. 2

Phone: 708/544-4890 Fax: 708/544-4891 – Attn: Denise Armenta

Approval Number _____

System of Support – FY12 Professional Development *Initial* Approval Request Form

Use this form when requesting West 40 funds for professional development activities, materials and/or attendance at conferences/meetings. ***In order to ensure reimbursement, this form must be submitted to West 40 for approval PRIOR TO THE EVENT with a description of the professional development expenditures and its relation to your school improvement plan.****

District No: _____ School Name: _____ School Phone: _____

IN SERVICE or Event Sponsored By: _____

Name of Conference/Workshop: _____
(Due to grant guidelines, West 40 cannot reimburse out of state travel)

Date of Conference/Workshop: _____ Location: _____

Names & Title of Person(s) Attending*: _____

*Or See attached Attendance/Registrations

Types of expenses that will be incurred (ESTIMATE):

Reg. Fees: \$ _____ Consultant Fee: \$ _____ Travel Exp: \$ _____

Books/Materials: \$ _____ Substitute Teacher: \$ _____ Stipend: \$ _____

Other/Misc: \$ _____

Anticipated Total Expense: \$ _____

*** Reason for choosing this professional development event and its relation to your school improvement plan:**

Signature of District Representative: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **FAX:** (____) _____

A copy of this form will be returned via **FAX with Approval Number**

Signature of West 40 Grant Manager: _____ **Date:** _____

Approved **Not Approved**

Reason: _____

Reimbursement/Payment Request must be submitted:

30 Days after the EVENT (single event)

Monthly (ongoing professional development throughout the year)