



**Application for Administrative Professional Development
to be Paid Through Administrator's Professional Development Funds**
Gresham-Barlow School District Instruction Department

**FOR ADMINISTRATIVE
STAFF ONLY**

20 _____ - 20 _____

_____ Name (please print) _____ GBSD PEID No. _____ Work Location _____ Work Assignment

PART A (To be completed and approved *prior* to signing up for workshop/conference.)

Title of Workshop/Conference:	Inclusive Dates of Workshop/Conference:
_____	_____ to _____

_____ Applicant Signature _____ Date

Please provide a flyer/brochure for the workshop/conference and give a brief description of how the information will be used.

Aesop Confirmation Number:						
Registration Fee*	Cost of Substitute	Mileage or Flight Cost* (Round Trip)	Meals*	Lodging*	Other Related Expenses*	Total Expenses

****Please use the Travel and Expense Report to document expenses for reimbursement.***

Part A – Instructional Learning Team Approval

Reason for disapproval:

_____ Approved _____ Amount _____ Disapproved

ILT Signature _____

Date _____