

# PRIVATE SCHOOLS - TITLE FUNDING

## PRE-TRAVEL / TRAINING AUTHORIZATION

**SUBMIT TO FUNDED PROGRAMS**

Portland Public Schools

Must be completed and obtain authorization signatures PRIOR to traveling.

Staff Information <i>Must be completed or form will be returned</i>								
<b>1</b>	NAME			SCHOOL				
	Job Title	Email (Approval will be by email)		Principal Email				
	HOME ADDRESS			HOME PHONE NO.	WORK PHONE NO.			
Conference/Workshop Information <input type="checkbox"/> I have attached a course description (Authorization will not process without it)								
<b>2</b>	NAME OF SEMINAR / CONFERENCE / COURSE			ORGANIZATION OR INSTITUTION				
	LOCATION (CITY / STATE)	DATE OF SEMINAR / CONFERENCE / COURSE	DEPARTURE DATE / TIME	RETURN DATE / TIME				
	BUSINESS REASON FOR ATTENDING (Title II-A requires requests support established II-A goals)							
Travel Requirements and Estimated Expenses								
<b>3</b>	ESTIMATED EXPENSES							
	Registration Fees..... \$ _____	FUND	FUNCTION/ PROGRAM	OBJECT/ ACCOUNT	LOCATION	AREA/ CLASS	PRJ/GRT	DEPART.
	Materials / Books..... \$ _____	205	12991		100	99999	G	
Out of Town Travel Only								
<b>4</b>	Airfare..... \$ _____							
	Baggage..... \$ _____							
	Car Rental..... \$ _____							
	Gas..... \$ _____							
	Mileage..... \$ _____ <small>(Not applicable if car is rented) May only have car rental and gas OR mileage.</small>							
	Parking..... \$ _____							
	Shuttle /Taxi..... \$ _____							
	Lodging: Hotel / Motel ..... \$ _____							
	Meals or Per Diem ..... \$ _____ <small>(IRS Rates Apply) Per Diem Rate: \$ _____</small>							
	<b>Total Estimated Expense</b> ..... \$ _____							
<p>***Must have original receipts to be reimbursed***                  By signing below, I certify I currently am in a position that meets Title II-A criteria.</p>								
<b>5</b>	Requestor	DATE	Archdiocese Administrator (Required for Catholic Schools)			DATE		
	X		X					
	Administrator	DATE	PPS Authorized Signature			DATE		
	X		X					

If someone other than the attendee will pay for the cost of this training, please indicate the name of the person who will be requesting to be reimbursed:

\_\_\_\_\_

Grant Approval: