

**Classified Staff Development  
Request for Funds**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Title of activity: \_\_\_\_\_

(Please attach flyer or brochure that contains information about the activity.)

Location of the activity: \_\_\_\_\_ Dates of activity: \_\_\_\_\_

**ESTIMATE THE COSTS BELOW.**

Registration: \$ \_\_\_\_\_

Meals: \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_

Mileage: \$ \_\_\_\_\_

Other (please state): \$ \_\_\_\_\_

Total estimated costs: \$ \_\_\_\_\_

How much money are you requesting from classified staff development?  
\$ \_\_\_\_\_

Will overtime be necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>- Signatures -</b>
Requested by:
Approved by area supervisor:
Approved by area administrator:
<b>- Committee Decision -</b>
_____ denied      _____ approved      Amount approved \$ _____
Committee chair: _____ Date: _____