

# PROFESSIONAL DEVELOPMENT ALTERNATE FUNDING REQUEST

(Attach this request form to the preapproval and send them to the Director of the Alternate Funds Requested)

Name of Workshop/Training/Conference: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Number Attending: \_\_\_\_\_

## Alternate Funding Source Requested

Professional Development paid from federal funds, including Perkins, may not count toward the required 60 hours except for SPED VI-B.  
This training follows ALL guidelines for district, state, federal and grant funding. \_\_\_\_\_yes

SPED   
  Mentoring   
  Federal Programs   
  Perkins   
  Curriculum/PD   
  G/T

To be Completed by Administrator		To be Completed by Alternate Funding Source Director	
Item	Amount Requested	Approved	Funding Source Assigned
____ Materials/Supplies			
____ Conference Fee			
____ Hotel			
____ Meals			
____ Airfare			
____ Mileage			
____ Other: _____			
____ Other: _____			

Signature of Alternate Funding Director: \_\_\_\_\_ Date: \_\_\_\_\_

SPED   
  Mentoring   
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  G/T

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____ Other: _____			
____ Other: _____			

Signature of Alternate Funding Director: \_\_\_\_\_ Date: \_\_\_\_\_

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