



## 2025–2026 REQUEST APPROVAL FOR SCHOOL PROFESSIONAL DEVELOPMENT

### SCHOOL CONTACT INFORMATION

School Name:		Date Requested:	
Federal Grant Funding Used:	<input type="checkbox"/> Title I, Part A <input type="checkbox"/> Title II, Part A <input type="checkbox"/> Title IV, Part A		
Name of Participant:		School Position:	
Participant Email:		Participant Phone:	
Participant Fax:		School Phone:	
School Address:		Principal:	
Date:		Location:	
Conference/Workshop Title:			
Number and Class of Attendees			

Describe the requested professional development activity based upon the school needs assessment:

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### DOCUMENTATION

Include a description of the conference or workshop (announcement, agenda, session topics, etc.).

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### ESTIMATED BUDGET

Registration Fee	\$
Lodging ( <i>per diem amount based on GSA rate</i> )	\$
Mileage for POV ( <i>per GSA rate</i> ) <u>or</u> Cost for Rented Vehicle (and gas) <u>or</u> Cost for Chartered Vehicle <u>or</u> Airfare	\$
Meals ( <i>per diem amount based on GSA rate</i> ) <i>*Itemized receipts required for these reimbursements.</i>	\$
TOTAL AMOUNT REQUESTED:	\$
PREFERRED PAYMENT METHOD <input type="checkbox"/> Prepaid-Registration <input type="checkbox"/> Pay Vendor by Invoice <input type="checkbox"/> Reimbursement by Receipts	

### AUTHORIZATION

I authorize the use of federal funds to support the professional development activity stated above. This professional development activity supports the instructional needs of our students and professional development plan of our school. All invoices are to be paid 30 days from the date the invoice is submitted.

### SIGNATURES

Principal Signature		Date	
◆ Email the completed form to <a href="mailto:ashley.leverett@catapultlearning.com">ashley.leverett@catapultlearning.com</a> . ◆			
PD Manager Signature		Date	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Not Eligible <input type="checkbox"/> Not Aligned to Campus Needs Assessment			

For reimbursement of any “paid up front” expenses, submit eligible receipts and proof of payment. Shared receipts may not be submitted. According to federal and HISD guidance, all submitted receipts must be originals, itemized, show no unallowable purchases (e.g., alcoholic beverages, pharmaceuticals, etc.), and must equal the amount that is being requested for reimbursement.