PROFESSIONAL DEVELOPMENT REQUEST

Name(s) of traveler: _____

Development Opportunity Type:
☐ Conference ☐ Training ☐ Workshop ☐ Other _____

Title of training/conference: _____

Date(s) of event: _____

Registration deadline: _____

Location: _____

URL to access additional information: _____

How will this activity advance the participant's departmental work/role? What will participant learn?

Estimated Costs:

Registration	
Airfare	
Personal Vehicle mileage (round-trip miles x 0.56)	
State Vehicle – rental for entire duration	
Shuttle, Taxi/Uber/Lyft	
Rental Vehicle	
Lodging	
Meals ($55 per day)	
Subtotal	$
Number of attendees	
(Multiply Subtotal by # of attendees) **Total**	$