

OFFICE OF THE CHIEF FINANCIAL OFFICER
REQUEST AND AUTHORIZATION FOR OFFICIAL TRAVEL AND
CERTIFICATION OF TRAINING

D 011109 ***

SECTION A: APPLICANT INFORMATION

1. Name (Last-First-Middle Initial): Professional Development		2. Applicant's Title:	3. Social Security Number:
4. Address (Number, Street, City, State, Zip Code): Capitol Street NE Washington, DC			
5. Telephone:	6. Work Telephone: 202-442-5055	7. Name of School/Branch/Office/Dept./Agency Mailing Address:	

SECTION B: TRAINING COURSE DATA (if Applicable)

8. Name and mailing address of training vendor (Number, Street, City, State, Zip Code): Teachers Institute Cathedral Ave, NW, Washington, DC 20016		9. Vendor's Federal Tax ID Number: 83-0424534																						
10. Location of training site: (if same as Item 8 mark box) <input type="checkbox"/> See Attachment A		11. Course: (Title, Course No., Catalog No., Description)																						
12. Training Objectives/Justification: Connecting the DCPS Standards to the Writing-Workshop Process																								
13. Training Period:		14. Cost of Training:																						
<table border="1"> <tr> <th></th> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td>a. Start</td> <td>July</td> <td>01</td> <td>2005</td> </tr> <tr> <td>b. Complete</td> <td>December</td> <td>31</td> <td>2005</td> </tr> </table>			Month	Day	Year	a. Start	July	01	2005	b. Complete	December	31	2005	<table border="1"> <tr> <th></th> <th>Amount</th> </tr> <tr> <td>a. Tuition/Registration Fees</td> <td></td> </tr> <tr> <td>b. Book(s) or Materials</td> <td></td> </tr> <tr> <td>c. Other (Specify)</td> <td></td> </tr> <tr> <td>d. Total (see attached)</td> <td>\$1,000,000</td> </tr> </table>		Amount	a. Tuition/Registration Fees		b. Book(s) or Materials		c. Other (Specify)		d. Total (see attached)	\$1,000,000
	Month	Day	Year																					
a. Start	July	01	2005																					
b. Complete	December	31	2005																					
	Amount																							
a. Tuition/Registration Fees																								
b. Book(s) or Materials																								
c. Other (Specify)																								
d. Total (see attached)	\$1,000,000																							
15. Remarks: See attached MOU and training information HOLD CHECK FOR PICK-UP																								

LINE NO.	NO.	FY	INDEX	PCA	OBJ	AOBJ	GRANT/PH	PROJ/PH	DESCRIPTION	AMOUNT
01		05	SLP05	21000	0409					
02										
03										
Total Estimated Training Cost										DC

SECTION C: TRAVEL REQUEST AUTHORIZATION (if Applicable)

17. Destination (From and To):		18. Travel Period: Depart Date: Return Date:		19. Purpose of Travel: FINANCE TR 5 05 CFO					
20. Mode of Transportation: <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> District-Owned <input type="checkbox"/> Privately Owned Vehicle at a rate of .31 cents per mile <input type="checkbox"/> Rental Car (Written authorization required prior to travel) <input type="checkbox"/> Other (Specify) _____ Note: Not to exceed cost by common carrier. Est. Transportation Cost: (Not included with advances) Actual cost:									
Voucher No.:		21. Per Diem Allowance Authorized:							
21a. Food Per Diem: \$40 Rate x Days = Est Cost of Food \$40 x _ = \$		21b. Hotel Rate \$150: If hotel waiver submitted go to 21c Rate x Nights = Est Cost of Hotel Note: (including taxes) \$150 x _ = \$		21c. Hotel Waiver: Not valid w/o waiver letter Rate x Nights = Est Cost of Hotel Note: Hotel waiver letter attached <input type="checkbox"/>					
21d. Ground Trans: \$60 Standard Rate for ground transportation when calculating advances: \$60		21e. Advances Requested: Yes <input type="checkbox"/> No <input type="checkbox"/> Add Items 21a, (21b or 21c), and 21d and multiply by 80% = Total Amount Advanced: (21b or 21c = 0 when the amount of 21e is used in calculating advances) $(21a) + (21b \text{ or } 21c) + (21d) = ______ \times 80\% = ______$							
22. Accounting Codes:									
LINE NO.	FY	INDEX	PCA	OBJ	AOBJ	GRANT/PH	ORG. CODE	DESCRIPTION	AMOUNT
01				0400	0402				
02				0400	0402				
<input type="checkbox"/> Estimated <input type="checkbox"/> Not to Exceed Total Travel Cost (Do not Complete)									

SECTION D: APPROVALS

23. Immediate Supervisor / Telephone Number: Signature: <i>[Signature]</i> <input checked="" type="checkbox"/> Approved Date: 8/27/06 <input type="checkbox"/> Disapproved		24. Associate Superintendent / Telephone Number: Signature: _____ <input type="checkbox"/> Approved Date: _____ <input type="checkbox"/> Disapproved	
25. LEA Executive Director - (202) 442-5149 Signature: _____ <input type="checkbox"/> Approved Date: _____ <input type="checkbox"/> Disapproved		26. Chief Academic Officer / Telephone Number: (Out-of-Town Travel Only) Signature: <i>[Signature]</i> <input checked="" type="checkbox"/> Approved Date: 8/27/06 <input type="checkbox"/> Disapproved	
27. Superintendent / Telephone Number: (Out-of-Town Travel Only) Signature: _____ <input type="checkbox"/> Approved Date: _____ <input type="checkbox"/> Disapproved		Signature: _____ <input type="checkbox"/> Approved Date: _____ <input type="checkbox"/> Disapproved	

Contact Person _____ Office# _____

SECTION A - APPLICANT'S INFORMATION

1. Applicant's Name (Last-First-Middle Initial):
Professional Development

2. Applicant's Title:

3. Social Security Number:

4. Home Address (Number, Street, City, State, Zip Code):
North Capitol Street NE Washington, DC

5. Home Telephone:

6. Work Telephone:
202.442.5055

7. Name of School/Branch/Office/Dept./Agency Mailing Address:

SECTION B - TRAINING COURSE DATA (If Applicable)

Voucher No.:

8. Name and mailing address of training vendor (Number, Street, City, State, Zip Code):
Teachers Institute
Cathedral Ave, NW, Washington, DC 20016

9. Vendor's Federal Tax ID Number:
83-0424534

10. Location of training site: (If same as Item 8 mark box) See Attachment A

11. Course: (Title, Course No., Catalog No., Description)

12. Training Objectives/Justification:
Connecting the DCPS Standards to the Writing Workshop Process

13. Training Period:

	Month	Day	Year
a. Start	January	01	2006
b. Complete	June	30	2006

14. Cost of Training:

	Amount
a. Tuition/Registration Fees	
b. Book(s) or Materials	
c. Other (Specify)	
d. Total (see attached)	\$1,909,235

15. Remarks: See attached MOU and training information

16. Accounting Codes:

LINE No. NO.	FY	INDEX	PCA	OBJ	AOBJ	GRANT/PH	PROJ/PH	DESCRIPTION	AMOUNT
01	05	SLP05	21000	0409					
02									
03									
Total Estimated Training Cost									

SECTION C - TRAVEL REQUEST AUTHORIZATION (If Applicable)

Voucher No.:

17. Destination (From and To):

18. Travel Period:

Depart Date	Return Date
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19. Purpose of Travel:

20. Mode of Transportation:

Air Bus Train District-Owned

Privately Owned Vehicle at a rate of .31 cents per mile

Rental Car (Written authorization required prior to travel)

Other (Specify) _____

Note: Not to exceed cost by common carrier.

Est. Transportation Cost: (Not included with advances) _____ Actual cost: _____

21. Per Diem Allowance Authorized:

21a. Food Per Diem: \$40

Rate x Days = Est Cost of Food
\$40 x ___ = \$___

21b. Hotel Rate \$150: If hotel waiver submitted go to 21c

Rate x Nights = Est Cost of Hotel
\$150 x ___ = \$___

21c. Hotel Waiver: Not valid w/o waiver letter

Rate x Nights = Est Cost of Hotel
Note: Hotel waiver letter attached

21d. Advances Requested: Yes No

Add Items 21a, (21b or 21c), and 21d and multiply by 80% = Total Amount Advanced:
(21b or 21c = 0 when the amount of 21c is used in calculating advances)

(21a) + (21b or 21c) + (21d) = _____ x 80% = _____

22. Accounting Codes:

LINE NO.	FY	INDEX	PCA	OBJ	AOBJ	GRANT/PH	ORG. CODE	DESCRIPTION	AMOUNT
01				0400	0402				
02				0400	0402				

Estimated Not to Exceed Total Travel Cost (Do not Complete)

SECTION D - APPROVALS

23. Immediate Supervisor / Telephone Number:
Signature: [Signature] Date: 6/27/05
 Approved Disapproved

24. Associate Superintendent / Telephone Number:
Signature: [Signature] Date: [Date]
 Approved Disapproved

25. LEA Executive Director - (202) 442-5149
Signature: [Signature] Date: [Date]
 Approved Disapproved

26. Chief Academic Officer / Telephone Number:
(Out-of-Town Travel Only)
Signature: [Signature] Date: [Date]
 Approved Disapproved

27. Superintendent / Telephone Number:
(Out-of-Town Travel Only)
Signature: [Signature] Date: [Date]
 Approved Disapproved

Contact Person _____ Office# _____