



Parkrose School District #3
 As Per Board Policy DLC/DLC-AR
 Request for Extended Travel
 (Travel Outside 200 Miles)

The Parkrose School Board asks that extended travelers (or their supervisors) present for a few minutes at a Board meeting following their conference. Please make arrangements with the Board Secretary.

NAME Alaina Langdahl

DATE 1/31/2020

DEPT/BUILDING Parkrose High School

PURPOSE: AP Reading in Salt Lake City, Utah where I will score AP Literature essays; also, I will attend multiple workshops on teaching literature, poetry, and writing more effectively. I will earn 52 PDU for the training and reading.

TRAVEL DETAILS: 1. DESTINATION: Salt Lake City, Utah
 2. DATES: June 1 – 9, 2020


COLLEGE BOARD PAYS FOR FOOD, TRAVEL, AND LODGING

ESTIMATED EXPENSES:	DESCRIPTION	COST
TRAVEL	Airline (College Board Pays)	\$ 562.00
LODGING	7 nights in Salt Lake City (College Board Pays)	\$ 1,358.00
PER DIEM	3x7 days plus 2 during travel days (College Board Pays)	\$ 300.00
REGISTRATION		\$
OTHER	Sub 3 half days	\$ 355.16
TOTAL	College Board Pays	\$ 2,220.00
	Workshop Funds	\$355.16
	Total	\$2,575.16

BUDGET SOURCE(S) NAME:	Travel Budget Code	Amount
College Board Pays _____	_____	\$2,220.00
Workshop Fund (Sub) _____	100.2240.0249.100.330.000	\$355.16

BUSINESS SERVICES DIRECTOR SIGNATURE:  DATE: 2/13/20

SUPERVISORS RECOMMENDATION AND COMMENTS:

SUPERVISOR SIGNATURE  DATE: _____

SUPERINTENDENT/DESIGNEE RECOMMENDATIONS/COMMENTS:

SUPERINTENDENT/DESIGNEE SIGNATURE  DATE: 2/14/20

BOARD ACTION: _____ APPROVED _____ DISAPPROVED DATE: _____



Certified Workshop Request Form

Name:	Alaina Langsdahl	Building:	Parkrose High	Position:	Teacher
PEID #:	701491	Workshop:	College board AP exam		
Workshop Dates:	6/1 - 6/10	Location:	Salt Lake City Convention Center		
Sub Needed (Y or N):	Y	Full Day(s):		Half Day(s):	3 ^{4 hrs per day}

Have you pre-registered? (Y or N): Confirmation #:

Are you requesting a reimbursement?
 Are copies of the completed registration paperwork along with the original receipt(s) attached?

Staff Signature:	Alaina M. Langsdahl	Date:	2/10/2020
Principal/Supervisor:	M. O'Connell	Date:	2.10.20

Approved: Denied:

If this workshop is over 200 miles one-way, please contact the receptionist at the District Office to have it approved by the Board. Registration or reimbursement cannot be done without prior Board approval.

Workshop/Seminar Registration Fee:	\$	Budget Code:	
Mileage:	Miles X cents:	\$	Budget Code:
Lodging:	\$	Budget Code:	
Sub Salary:	12 ^{hours} days at ^{1 day \$236.77} ^{1/2 day 118.39} ^{\$355.16}	\$ 355.16	Budget Code: 100.2240.0249.100.330.000
Human Resources Director:	Mary B. [Signature]	Date:	2/12/20
Business Services Director:	[Signature]	Date:	2/13/20