

Proposal for Events / Staff Development Training / Other Expenses

Proposed By: _____ **Date** _____

Date of Event & School Location: _____ / _____

Company Providing Training: _____

Business Address & Contact Number _____ (____) _____ - _____

Cost of Training \$ _____

Additional Expenses

Meals / Food \$ _____

Air Fare \$ _____

Lodging \$ _____

Car Rental \$ _____

Mileage \$ _____

Supplies \$ _____

Additional Salary Hours Estimated

Additional Hours Per Teacher _____

Additional Salary Rate x \$ 34.58

Total Per Teacher \$ _____

Number of Teachers Attending _____

Multiply: (Total per Teacher) X (the Number of Teachers) = (Total Salary Cost)

Total Cost of Additional Salary Hours \$ _____

Total Cost of Training (add all above amounts) \$ _____

Description of Event / Training or Supplies Needed: (please attach additional information as needed)

Assistant Superintendent Approval

Board of Education Approval

Approval Date: _____

Approval Initials: _____

Board President Signature

Date

Account Funding the Proposal: _____



The Easton Area School District respects the diversity of its student population and is dedicated to the importance of developing our students into responsible citizens. We will provide each student with an academically challenging program that enhances creativity, develops an ability to use technology, and encourages critical thinking and problem solving. In support of this mission, we will ensure a safe instructional environment and promote life-long learning.