

South Valley Multi-District Special Education Professional Development/Credit Approval

Name of Class:			
Location:			
Date:			
Registration Fee:			
	Approval is granted as follows:		
	Requesting	Approve	Disapprove
Workshop Registration Fee			
Mileage (State Rate)			
Lodging (State Rate)			
Meals (State Rate)			

*Please Attach Agendas/Registrations with what is Included (Meals, etc.)
Thank you!

Staff Signature _____

Director's Signature _____