

PROFESSIONAL MEETING REQUEST FORM

FORM MUST BE SUBMITTED TO PRINCIPAL 30 WORKING DAYS PRIOR TO DATE OF MEETING
PRINCIPALS MUST SUBMIT APPROVED FORM 27 WORKING DAYS PRIOR TO DATE OF MEETING

Name: _____ Employee ID# _____

School: _____ Date: _____

Email Address: _____

Location of Meeting: _____

Date of Meeting: _____ Time(s) of Meeting: _____

Nature of conference or professional meeting. Attach relevant information. Briefly describe:

Attending the meeting addresses the following School Goal(s) from our Strategic Plan:

After returning from the meeting, I will provide information to other applicable staff members in the following manner:

Estimated Expenses

Milage _____ miles @ \$.575 per mile (only if County Car not available) \$ _____

Registration Fees \$ _____

Meals (Must be an overnight stay for meal reimbursement) \$ _____

Parking/Tolls \$ _____

Lodging (Only for locations beyond 75 miles from the County. The Superintendent may approve exceptions) \$ _____

TOTAL ESTIMATED EXPENSES \$ _____

Substitute Required _____ Yes _____ No

Employee's Signature _____ Date _____

Principal Recommendation _____ Date _____

Approved _____ Denied _____ Reason for Denial: _____

Director's/Coordinator's Approval _____ Date _____

Administrative Assistant to the Superintendent's Approval _____

Date _____

ACCOUNT CODE FOR TRAVEL: _____

ACCOUNT CODE FOR SUBSTITUTE: _____

The applicant must pay all expenses and submit signed and dated itemized receipts showing a zero balance along with the Professional Meeting Reimbursement Request Form for reimbursement. UNDER NO CIRCUMSTANCES WILL STAFF MEMBERS BE REIMBURSED FOR THE PURCHASE OF ALCOHOLIC BEVERAGES.

Revised 12 - 11-14 effective 1/1/15