



Request to Attend Professional Activity (MGSD-3)

Name: _____ School: _____ Vendor #: _____

Descriptive Title of Activity: _____

Location of Activity: _____

Dates: _____

Will a substitute be required? YES NO If yes, number of days _____

Estimate of Necessary Expenses

(Based on state rates below)

Meals		
Room		
Registration		
Travel		
Other		
Total		

Pre-Payment of Registration:

Vendor Number _____

Vendor Name _____

Due Date _____

Amount _____

Please attach the completed registration form and any other information to be submitted with payment to the vendor.

In-State: *Breakfast* - \$8.40 *Lunch* - \$11.00 *Dinner* - \$18.90 *Lodging* - \$71.20

Out-of State: *Breakfast* - \$8.40 *Lunch* - \$11.00 *Dinner* - \$21.60 *Lodging* - \$84.10

(Meals are reimbursable only when overnight travel is required.)

Travel: IRS Allowable Mileage Rates

Signed: _____ Date: _____

Supervisor: _____ Date: _____

Return form to the school treasurer or department secretary

Program Approval and Budget Assignment:

Account Code: _____ Account Manager Approval _____

This instrument has been pre-audited in the manner required by the School Budget and Fiscal Control Act.

Finance Officer: _____

Upon Completion of Activity:

- If travel expenses are incurred, submit a Reimbursement of Travel Expenses Form (MGSD-2) to the central office and attach the yellow copy of this MGSD-3 (along with registration, hotel, taxi and parking receipts).
- If license renewal credit is desired, submit a Request for Renewal Credit Form (MGSD 10).