

Montgomery County Educational Service Center
OFFICE OF THE SUPERINTENDENT

TO: Supervisor

FROM: _____

Subject: **APPROVAL FOR PROFESSIONAL MEETING**

Meeting: _____

Date: _____ Full Day Half Day - AM Half Day - PM

Place: _____

Organization _____

Employee Signature _____ Date

ESTIMATED COST: Must Be Completed Prior To Meeting

Transportation _____

Meals _____

Lodging _____

Registration _____

Other _____

Total _____

Request Approval

Administrator

Administrator

Date Approved

Check box if separate purchase order needed for registration

Actual Cost (Please Attach Original Itemized Receipts): To Be Completed After Meeting

Actual Miles Traveled _____

x Current rate \$ 0 . _____

= Transportation Cost \$ _____ . _____

Meals \$ _____ . _____

Lodging \$ _____ . _____

Registration \$ _____ . _____

Other \$ _____ . _____

Total \$ _____ . _____

Expense Approval

Employee Signature

Administrator

Date Approved