

# Professional Meeting Request Form

Vendor # \_\_\_\_\_

P.O. # \_\_\_\_\_

## GUIDELINES

1. This meeting form and purchase order requisition are to be submitted **two weeks** in advance unless initialed by Superintendent or designee.
2. The back of this form must be completed.
3. Attach purchase order requisition to meeting request form.
4. Original **itemized** receipts must be attached.
5. Tax is permitted on lodging only.
6. No allowance will be made for laundry, valet, cab, etc.
7. If travel is by auto, allowance is made for driver only. Mileage for driver of private car is allowable at prevailing rate. Mileage rate is established by the rate of 40¢/mile or the IRS mileage reimbursement rate, whichever is lower.
8. Food not included in conference registration is reimbursable up to \$20.00 per day unless **pre-approved** at higher rate. Tip may be reimbursed up to 15% of cost of meal. No tax will be reimbursed. Meal reimbursement for in-State travel will require an overnight stay.

PLEASE INDICATE:  Professional Meeting  Permission Only (no expenses)  In-State  Out-of-State

Name \_\_\_\_\_ Department \_\_\_\_\_

Meeting Title \_\_\_\_\_ Date(s) of Mtg. \_\_\_\_\_

Location of Meeting \_\_\_\_\_ Sponsoring Organization \_\_\_\_\_

### ESTIMATED TRAVEL EXPENSES

### ACTUAL TRAVEL EXPENSES

1. Air Fare \$ \_\_\_\_\_  
 or Car \_\_\_\_ est. miles @ 40¢/mile \$ \_\_\_\_\_

2. Registration (*Attach copy*) \$ \_\_\_\_\_

3. Meals \_\_\_\_ days up to \$20/day =\$ \_\_\_\_\_

4. Lodging \$ \_\_\_\_\_

5. Miscellaneous \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSES \$ \_\_\_\_\_

Funding Source \_\_\_\_\_

1. Air Fare \$ \_\_\_\_\_  
 or Car \_\_\_\_ actual miles @ 40¢/mile \$ \_\_\_\_\_

2. Registration (*Attach receipt*) \$ \_\_\_\_\_

3. Meals \_\_\_\_ days up to \$20/day =\$ \_\_\_\_\_  
 (*Attach receipts*)

4. Lodging (*Attach receipt*) \$ \_\_\_\_\_

5. Miscellaneous (*Attach receipts*) \$ \_\_\_\_\_

TOTAL ACTUAL EXPENSES \$ \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Approved  Not Approved

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Approved  Not Approved

Signature of Director \_\_\_\_\_ Date \_\_\_\_\_

Approved  Not Approved

Signature of Director \_\_\_\_\_ Date \_\_\_\_\_

Approved  Not Approved

Signature of Superintendent/Designee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Superintendent/Designee \_\_\_\_\_ Date \_\_\_\_\_

