



Instructions for Requesting to Attend Professional Activity and Completing the MGSD-3

1. Prior to attending any professional activity that will require a substitute or that will take place outside the district, you must complete a MGSD-3 Request to Attend Professional Activity. Your principal/supervisor must sign and date the form and the budget code must be entered.
2. Send the completed MGSD-3 to the MGSD Finance Officer at the district central office **ONLY** if one or more of the following apply:
 - A substitute will be needed.
 - You are requesting that MGSD Accounts Payable prepay your event registration. In this case, you must also attach a completed registration form with all your pertinent information included (name, address, etc.). The registration form must also indicate the date(s) of the activity, location, cost, and where to send payment. ***Please note that MGSD will only prepay event registration directly to the vendor. If the employee chooses to prepay event registration, reimbursement to the employee will not occur until after the event takes place.***
 - You plan to request reimbursement of allowable expenses such as mileage, meals, or lodging and have filled out your estimated expenses.
3. In order to request reimbursement of expenses, you must complete a **MGSD-2 Request for Reimbursement for Travel Expenses** and send it to the MGSD Finance Officer along with a signed copy of your MGSD-3, and any supporting documentation (i.e. hotel receipts).
 - When completing the MGSD-2, please be sure to list each item for each day as a separate line item, for example: Monday -- Breakfast \$9.00; Tuesday -- Breakfast \$9.00, Lunch \$11.00; Wednesday -- Dinner \$20.50, etc.



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 - \$9.00 Lunch - \$11.80 Dinner - \$20.50

Out-of State: Breakfast - \$9.00 Lunch - \$11.80 Dinner - \$23.30

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

Travel: 65.5 cents/\$0.655 per mile (IRS Allowable Mileage Rate)

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 a copy of this signed 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).