

**Pre-Approved Travel/Professional Duty Meeting Request Form**

Name \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Board Member     Employee     Other, as specified \_\_\_\_\_

Dept/School \_\_\_\_\_

Organization and Purpose of Meeting Requested to Attend: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Place of Meeting: \_\_\_\_\_

Is this Meeting Important for your Professional Growth?       Yes       No

Please Explain: \_\_\_\_\_

Are you a Paid Member of the Organization Holding the Meeting?       Yes       No

Are you a Participant at this Meeting?       Yes       No

Is a Substitute Required?       Yes       No      Number of Days? \_\_\_\_\_

What is the Source of Funding for any Required Substitute? \_\_\_\_\_

Estimated Expenses		Source of Funding	
Mileage:	_____	General Fund	_____
Room:	_____	School Allocation:	_____
Meals:	_____	Professional Development:	_____
Other (fees, etc.):	_____	Title I, II, IV, VI:	_____
Substitute Pay:	_____	Special Education:	_____
Total:	_____	ESS:	_____
		Food Service:	_____
		Technology:	_____
		Other:	_____
		Munis Code:	_____

Date of Last Trip: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name, Location, and Purpose of Last Trip Taken: \_\_\_\_\_

Excluding this Trip, What is the Total Number of Days you Worked Outside the District this FY? \_\_\_\_\_

Request Presented by? \_\_\_\_\_

Approved by:

Principal or Supervisor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Finance Director: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Review/Revised: 4/21/14