

PROFESSIONAL MEETING/VISITATION REQUEST FORM

Name _____

School _____ Date _____

Date(s) of meeting/visitation: _____

Location of meeting/visitation: _____

Nature of conference, professional meeting or visitation day. Briefly describe:

Estimated Expenses

Mileage _____ miles @ _____ per mile \$ _____

Plane, bus, train, and/or taxi fares \$ _____

Registration fees \$ _____

Meals (not to exceed \$ _____ per day) \$ _____

Parking \$ _____

Lodging (only for locations beyond _____ miles from the District.
The Superintendent may approve exceptions) \$ _____

TOTAL ESTIMATED EXPENSES \$ _____

Employee's Signature Date_____
Principal's Recommendation Date_____
Superintendent's Approval Date

The applicant must pay all expenses and submit the receipts along with the Professional Meeting Reimbursement Request Form for reimbursement.

Please accompany this application with a purchase order for all expenses.