

ALEXANDER COUNTY SCHOOLS
ADMINISTRATIVE LEAVE REQUEST FORM

Name _____ Title _____

Social Security Number _____ Date(s) of Leave _____

Title of Program, Conference, Workshop, Etc. _____

Location (City, State) _____ Estimated Mileage (for reimbursement) _____

Estimated Cost for Lodging and Meals _____ (Original lodging receipt must be attached to reimbursement request)

Registration amount _____ (Original registration receipt must be attached to reimbursement request)

Source of funds _____

The registration includes: Meals (specify) _____

Materials (specify) _____

Other (specify) _____

Justification: If the registration fee is more than \$50, a written statement must be completed. This statement should justify the expenditure by relating the in-service to the specific school/program need. Justification not required for costs of \$50 or less.

Submitted By: _____ Date: _____

Approved By: _____ Superintendent or Designee Date: _____

Submit one week in advance of leave

YOUR APPROVED LEAVE REQUEST FORM MUST BE ATTACHED TO YOUR REIMBURSEMENT REQUEST.

Code: Travel and Subsistence _____ Finance Director _____

This instrument has been preaudited in the manner required by the school budget and fiscal control act.