

# PROFESSIONAL MEETING REQUEST FORM

**COMPLETE TOP PORTION PRIOR TO YOUR MEETING**



Requested by (Employee): \_\_\_\_\_  
 Job Title / Program \_\_\_\_\_  
 Building Assignment \_\_\_\_\_  
 Name of Meeting / Conference \_\_\_\_\_  
 Registration "Payable To" \_\_\_\_\_  
 Date(s) of Meeting / Conference \_\_\_\_\_ Location \_\_\_\_\_  
 Registration Fee \$ \_\_\_\_\_ PO # \_\_\_\_\_

FISCAL USE ONLY:  
 ACCOUNT: \_\_\_\_\_

- This form must be completed and submitted at least 2 weeks prior to registration deadline in order for NCOESC to pay registration fee directly
- Membership dues and CEU's are to be paid by employee to the organization-do not include these in registration fee
- You cannot use NCOESC meeting funds to pay for CPR, CAP or First Aid training

**ESTIMATED EXPENSES TO BE REIMBURSED:**

PO # \_\_\_\_\_

Travel/Parking \$ \_\_\_\_\_ Based on .65 cents per mile  
 Meals \$ \_\_\_\_\_ Allowable with overnight stay only-\$50 per overnight stay  
 Lodging \$ \_\_\_\_\_ List date(s) of stay \_\_\_\_\_  
 Hotel Name \_\_\_\_\_

**PLEASE NOTE:**  
 - Breakfast will not be reimbursed on first day  
 - Dinner will not be reimbursed on last day  
 - No charges for alcohol shall appear on any receipts  
 - Maximum 20% gratuity allowed for reimbursement

The reimbursements are true and correct to the best of my knowledge.  
 \_\_\_\_\_  
**Employee Signature** **Date**

\_\_\_\_\_ I have confirmed that all required information and attachments are complete.  
 \_\_\_\_\_  
**Approval of Supervisor** **Date**  
 (indicates approval for attendance & preliminary budget)

\_\_\_\_\_  
**Approval of Superintendent** **Date**

**EMPLOYEE SPECIAL INSTRUCTIONS**  
 - MUST BE COMPLETED IN ORDER TO PROCESS -

**PLEASE CHECK APPROPRIATE BOX(ES):**

\_\_\_\_\_ I will register, pay fee and request reimbursement after attending the event (Certificate of attendance must accompany your request)

\_\_\_\_\_ I will register, NCOESC please pay fee directly - Employee must provide confirmation email or invoice for payment

\_\_\_\_\_ No registration fee, I will register

\_\_\_\_\_ Sharing hotel room with \_\_\_\_\_

**ADDITIONAL INFO:**

**A "PROCESSED" COPY OF THIS FORM AND PURCHASE ORDER(S) WILL BE EMAILED TO THE EMPLOYEE AFTER APPROVAL. YOU MUST USE THE "PROCESSED" FORM WHEN COMPLETING THE BELOW SECTION.**

**REIMBURSEMENT SECTION TO BE COMPLETED AFTER ATTENDING EVENT**

- Attach itemized / detailed original receipts for any reimbursements requested.
- Meal receipts must have a date, detailed items, and cannot be hand written.
- Mileage for meeting must be submitted below and not on any other mileage form.
- Registration receipt from sponsor / copy of check and certificate of attendance required for registration reimbursement.

The reimbursements are true and correct to the best of my knowledge.  
 \_\_\_\_\_  
**Employee Signature** **Date**

\_\_\_\_\_ I have confirmed that all required information and attachments are complete.  
 \_\_\_\_\_  
**Approval of Supervisor** **Date**

\_\_\_\_\_  
**Approval of Superintendent** **Date**

REGISTRATION FEE \$ \_\_\_\_\_  
 TRAVELED \_\_\_\_\_ MILES x .65 \$ \_\_\_\_\_  
 COST OF MEALS \$ \_\_\_\_\_  
 LODGING \$ \_\_\_\_\_  
 MISCELLANEOUS \$ \_\_\_\_\_  
 TOTAL AMOUNT REQUESTED \$ \_\_\_\_\_

*If meeting is cancelled or you do not attend, please check box below, sign and return "processed" form to fiscal department*

Meeting cancelled or did not attend, please cancel expenses