

# PROFESSIONAL MEETING REQUEST FORM

COMPLETE TOP PORTION PRIOR TO YOUR MEETING

Requested by (Employee): \_\_\_\_\_

JobTitle / Program \_\_\_\_\_

Building Assignment \_\_\_\_\_

Name of Meeting / Conference \_\_\_\_\_

Registration "Payable To" \_\_\_\_\_

Date(s) of Meeting / Conference \_\_\_\_\_

Location \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_

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

• 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



**North Central Ohio**  
Educational Service Center

FISCAL USE ONLY:

ACCOUNT: \_\_\_\_\_

## ESTIMATED EXPENSES TO BE REIMBURSED:

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

Travel/Parking \$ \_\_\_\_\_ Based on .675 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 .675 \$ \_\_\_\_\_ 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