

# 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 .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