

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 # _____

All meeting expenses, including mileage, must be requested on this form along with your complete registration.

You cannot not use NCOESC meeting funds to pay for CPR, CAP or First Aid Training.

- Completed registration form must be attached & rec'd 2 wks prior to deadline for registration 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

ESTIMATED EXPENSES TO BE REIMBURSED:

PO # _____

Travel/Parking \$ _____ Based on .67 cents per mile Estimated miles driven: _____
 Meals \$ _____ Allowable with overnight stay only-\$50 per overnight stay, 20% max tip
 Lodging \$ _____ List date(s) of stay _____

Complete lodging above if employee is paying and requesting reimbursement for lodging (share rooms when possible)

PLEASE NOTE:

Breakfast will not be reimbursed on the day of departure and dinner will not be reimbursed on the day of return. No charges for alcohol shall appear on any receipt turned in for reimbursement.

COMPLETE HOTEL INFORMATION BELOW ONLY IF CHECK IS TO BE PROCESSED BY NCOESC PRIOR TO STAY:

Name of hotel _____
 Address _____
 City, State, Zip _____
 Telephone # _____
 List date(s) of stay _____
 Confirmation # _____
 Tax exempt amount for hotel stay \$ _____
 PO # _____

•Hotel reservation must be made by employee with confirmation # required and receipt must follow upon return.

•NCOESC will process check w/ tax exempt form(s) and will then forward to you before your departure

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 room with _____
- This is a NCOESC event. There is no registration fee required
- This is a NCOESC event. Take registration fee from meeting account.

ADDITIONAL INFO:

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**

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 ONLY:

- Attach 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**

PROCESSED _____

Registration Fee \$ _____
 Traveled _____ miles x .67 \$ _____
 Cost of Meals \$ _____
 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