



## **REQUEST TO ATTEND SCHOOL RELATED MEETINGS**

*(You are required to attach this approved form to travel reimbursement form upon submission for reimbursement)*

I, \_\_\_\_\_ Title \_\_\_\_\_

Do hereby request permission to attend the following (✓ one):

Workshop ☐

Seminar ☐

Conference ☐

Coaches' Clinic ☐

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Substitute required (✓ one): Yes ☐ No ☐

Purpose: \_\_\_\_\_

Name of Hotel/Venue: \_\_\_\_\_

Days of Attendance: \_\_\_\_\_

Hotel/Venue Cost: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Conference Fee: \_\_\_\_\_

Mileage Cost: \_\_\_\_\_

Total Cost: \_\_\_\_\_

### Reimbursement Costs

Travel \$.655 cents per mile

**(Please Attach Google Map)**

Budget Code: \_\_\_\_\_

\_\_\_\_\_  
Signature of Julie Prine, Purchasing Agent

Date: \_\_\_\_\_

Additional information, if applicable: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

Date: \_\_\_\_\_

### **FOR DISTRICT OFFICE USE ONLY**

APPROVED ☐

DISAPPROVED ☐

\_\_\_\_\_  
Signature of Superintendent Titus M. Hines, Ed. D.

\_\_\_\_\_  
Date