

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 # _____

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 .67 cents per mile Estimated miles driven: _____
 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 .67 \$ _____
 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