## PROFESSIONAL MEETING AND/OR TRAVEL REQUEST FORM

Employee Name:	Today's Date:
Conference/Workshop Date(s): In District: Out of District/In State:	Departure Time: Return Time: Out of State: (Requires Board Approval)
Conference/Workshop Name:	City, State Location:
Please List Name(s) of Other District Employees Attending Conference/W	orkshop:
Professional Development Credit: Yes No	Other:
ESTIMATED EXPENSE: (Must be completed for approval)	Requisition/PO#:
Substitute Needed: Yes No. of Days:	Funding Source:
Registration Fee: \$	Funding Source:
Use of Board Vehicle: Ves No	Funding Source:
Use of Personal Vehicle: Ves No	Funding Source:
Mileage: \$ No. of I	
*IF USING YOUR PERSONAL VEHICLE, A CURRENT PROOF OF INSURANCE CARD MUST BE PROVIDED.	
Hotel/Lodging (amount per night): \$ How many nights:	Funding Source:
Meals: \$	Funding Source:
Car Rental (amount per day): \$ How many days:	Funding Source:
Air Fair: \$	Funding Source:
TOTAL COST FOR TRIP EXPENSE: \$	
ADDITIONAL INSTRUCTIONS: (IMPORTANT)	

\* An approved copy of this request form will need to be submitted to the board of education (Central Office).

\* If the board credit card is being used for travel, the card is to be returned the next working day after trip date(s).

\* All ITEMIZED receipts along with the appropriate paperwork will need to be submitted to the board office within 5 working days from trip date(s).

\* The completed approved signed Professional Meeting and/or Travel Request form can serve as the purchase order for travel expenses.

 Signature of Applicant
 Date

 Signature of Principal/Supervisor
 Date

 Signature of Superintendent/Designee (If Necessary)
 Date

Review/Revised 10/23/20