



Request to Attend Professional Meeting

Name _____ School _____

Dates of Meeting _____ Location _____

Purpose of Professional Meeting _____

Estimated Expenses	
Transportation	
Lodging	
Registration fee	
Mileage	
Meals	
Other	
Total Estimate	

Actual Expenses	
Transportation	
Lodging	
Registration Fee	
Mileage	
Meals	
Other	
Total Actual	

Employee Signature

Date

Treasurer Approval

Curriculum Director Approval

Purchase Order Number

Superintendent Approval

APPROVALS MUST BE THREE (3) WEEKS PRIOR TO MEETING DATE
SUBMIT ONE (1) COMPLETED COPY TO THE TREASURER WITHIN TWO (2) WEEKS OF MEETING