

LICKING HEIGHTS LOCAL SCHOOLS REQUEST TO ATTEND PROFESSIONAL MEETING



Name School

Date(s) of Meeting Meeting Location

Purpose of Professional Meeting
(If purpose is to attend a conference please attach a copy of the program)

ESTIMATED EXPENSES		ACTUAL EXPENSES	
	Amount		Amount
Transportation	<input style="width: 100%;" type="text"/>	Transportation	<input style="width: 100%;" type="text"/>
Lodging	<input style="width: 100%;" type="text"/>	Lodging	<input style="width: 100%;" type="text"/>
Registration Fee	<input style="width: 100%;" type="text"/>	Registration Fee	<input style="width: 100%;" type="text"/>
Mileage	<input style="width: 100%;" type="text"/>	Mileage	<input style="width: 100%;" type="text"/>
Meals	<input style="width: 100%;" type="text"/>	Meals	<input style="width: 100%;" type="text"/>
Other	<input style="width: 100%;" type="text"/>	Other	<input style="width: 100%;" type="text"/>
Total Estimated	<input style="width: 100%;" type="text"/>	Total Actual	<input style="width: 100%;" type="text"/>

Employee Signature *Date*

Treasurer Approval

Curriculum Director Approval

Superintendent Approval

Purchase Order Number

APPROVALS MUST BE THREE (3) WEEKS PRIOR TO MEETING DATE

SUBMIT ONE (1) COMPLETED COPY TO THE TREASURER WITHIN TWO (2) WEEKS OF MEETING