

**PROFESSIONAL CONFERENCE, MEETING, WORKSHOP, CLINIC REQUEST AND REIMBURSEMENT FORM**

Complete Parts I and II. Send to the proper person(s) in your building for approval and then submit to the Unit Office for the Superintendent's approval **at least two weeks in advance**. KEEP A COPY FOR YOUR RECORDS.

**PART I - REQUEST TO ATTEND CONFERENCE, MEETING, WORKSHOP, OR CLINIC**

I, \_\_\_\_\_, request permission to attend the following:  
(Name of Employee)

Name of Conference, Meeting, Workshop, or Clinic: \_\_\_\_\_

Conference will be paid by: \_\_\_\_\_

If an administrator requests that you attend the conference, please enter his/her name: \_\_\_\_\_

Each employee may apply for (2) professional days. Is this conference one or both of your (2) days? \_\_\_\_\_

Location of Conference, Meeting, Workshop, or Clinic: \_\_\_\_\_

Date of Conference, Meeting, Workshop, or Clinic: \_\_\_\_\_

No. of days absent from class work \_\_\_\_ Will a substitute be required? \_\_\_\_ Are you an Official Delegate or on the program? \_\_\_\_

Purpose of the Program: \_\_\_\_\_

**Estimate of Expenses:** Each employee may apply for up to two (2) days per year of non-accumulated leave with full pay to attend conferences, meetings, and workshops which are closely related to his/her teaching assignment. It should describe the meeting or workshop and describe its benefit or relevance to the employee's teaching assignment. The Board shall reimburse the employee for all reasonable expenses for travel, lodging, meals, and registration fees of the employee during said leave. The Board **WILL NOT** reimburse the employee for purchases of books or other classroom supplies. Board reimbursement shall be the total of \$600 for the two (2) days allowed per year. All claims for reimbursement must be supported by paid receipts, canceled checks, or other suitable evidence. **NOTE: IF YOU NEED THE REGISTRATION FEE PREPAID YOU MUST SEND THE REGISTRATION FORM TO RACHEL WRIGHT AT LEAST ONE WEEK BEFORE IT NEEDS TO BE SENT.**

Estimated Transportation: \$ \_\_\_\_\_ Estimated Lodging: \$ \_\_\_\_\_  
Estimated Meals: \$ \_\_\_\_\_ Estimated Fees: \$ \_\_\_\_\_ Total Estimate: \$ \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
Submit 2 weeks in advance

Approved by: \_\_\_\_\_ and \_\_\_\_\_  
Department Chairman Principal

SUPERINTENDENT'S APPROVAL: \_\_\_\_\_ Account Number: \_\_\_\_\_

**PART II - ACTUAL TRAVELING EXPENSE SUMMARY/REIMBURSEMENT REQUEST**

*As soon as possible after the meeting, please complete Part II and send all possible receipts to the Unit Office attached to the original copy. Reimbursement will be made at the next board meeting.*

Transportation: \_\_\_\_\_ miles x 67 cents per mile or Fare: \$ \_\_\_\_\_

Meals: \_\_\_\_\_ number of meals (MUST PROVIDE DETAILED RECEIPTS) \$ \_\_\_\_\_

Lodging: \_\_\_\_\_ number of nights x \$ \_\_\_\_\_ per night \$ \_\_\_\_\_

Registration Fee: \_\_\_\_\_ (if paid by the employee) \$ \_\_\_\_\_

Other Expenses - Please itemize: \_\_\_\_\_

\_\_\_\_\_ Total Other: \$ \_\_\_\_\_

TOTAL EXPENSES: \$ \_\_\_\_\_

Less amount of advance, if any \$ \_\_\_\_\_

BALANCE DUE: \$ \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Superintendent's Approval: \_\_\_\_\_

Account Number: \_\_\_\_\_