

RICHMOND HEIGHTS LOCAL SCHOOLS

447 RICHMOND RD. RICHMOND HTS., OHIO 44143 PHONE: 216-692-0086 FAX: 216-692-2820

"It's a new day for the Richmond Heights way."

EMPLOYEE'S REQUEST TO ATTEND PROFESSIONAL MEETING

1. Is purchase order attached with this request?
2. Has this form and purchase order been signed by principal?
3. Form 2 for expenses and receipts need to be turned in at completion of meeting and sent to the superintendent's office to complete reimbursement.

Person Making Request _____ Date _____

Title of Meeting _____

Meeting Place _____ Date _____ No. of Days _____

Purpose and Scope of Meeting _____

Benefits to be Derived _____

Substitute Needed: Yes _____ No _____

<i>ITEM</i>	<i>ESTIMATED EXPENDITURES</i>	<i>PRESENT REIMBURSEMENT RATES</i>
Registration	_____	
Transportation	_____	Car Rate - \$.67 per mile
Food	_____	(\$70.00 per day)
Lodging	_____	
Other (List)	_____	
TOTAL	=====	

Action Taken Yes _____ No _____ Date _____ Comments _____

Signatures:

Person Making Request _____

Principal _____

Superintendent _____

Other _____

FORM #1

updated 01/12/2024