

PROFESSIONAL MEETING/VISITATION REQUEST FORM

Name: _____

School: _____

Date(s) of meeting/visitation: _____

Location of meeting/visitation: _____

Reason for attending, nature of conference, professional meeting or visitation day. Briefly describe:
 (Please attach a copy of the program if applicable.) _____

Approval:

Reimbursement: The School Corporation is allowed to reimburse only those expenses verified by receipts. Please attach all receipts to your claim for reimbursement.

Estimated Expenses

Mileage _____ miles (Within a 50 mile radius—IRS Rate,
 Over 50 mile radius—gas and oil or \$40 whichever is greater.) \$ _____

Plane, bus, train, and/or taxi fares \$ _____

Registration fees (Attach information concerning fees) \$ _____

Meals (not to exceed \$ _____ per day) \$ _____

Parking \$ _____

Lodging (Attach information concerning lodging.) \$ _____

TOTAL ESTIMATED EXPENSES \$ _____

 Employee's Signature Date

 Principal's Recommendation Date

 Principal Complete (Fund from which reimbursement is to be paid.)

 Superintendent's Approval Date

The applicant must pay all expenses and submit the receipts along with the Professional Meeting Reimbursement Request Form for reimbursement.