

PROFESSIONAL MEETING/VISITATION REQUEST FORM

Name _____

School _____ Date _____

Date(s) of meeting/visitation: _____

Location of meeting/visitation: _____

Nature of conference, professional meeting or visitation day. Briefly describe:

Estimated Expenses

Mileage _____ miles @ _____ per mile \$ _____

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

Registration fees \$ _____

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

Parking \$ _____

Lodging (only for locations beyond _____ miles from the District.
The Superintendent may approve exceptions) \$ _____

TOTAL ESTIMATED EXPENSES \$ _____

Employee's Signature _____ Date _____

Principal's Recommendation _____ Date _____

Superintendent's Approval _____ Date _____

The applicant must pay all expenses and submit the receipts along with the Professional Meeting Reimbursement Request Form for reimbursement. The applicant's signature indicates an agreement to abide by the terms in Policy 3243 and Policy 3440 and AG 3243, AG 3440A, AG 3440B, and AG 3440C.

Please accompany this application with a purchase order for all expenses.

* Under no circumstances will staff members be reimbursed for the purchase of alcoholic beverages.

The accrual of personal frequent-flyer miles, hotel "bonus points," credit card "rewards," or any other reward under similar affinity programs (including credit points or rewards directed to non-profit organizations) is strictly prohibited.