REQUEST TO ATTEND PROFESSIONAL OR EDUCATIONAL MEETING

MUST BE SUBMITTED PRIOR TO INCURRING ANY EXPENSE. PLAN AHEAD!

Please Print or Type:	
Name	<u></u>
Building	
Days absent from district assignment: From	to
Check one: Certificated ESP Check one: Instructional Speci	al Services
EXACT TITLE of conference or meeting	
City State Sp	ponsoring Organization
(Atta	ach a copy of program and/or agenda)
Please respond to the following questions on a s	separate sheet of paper and attach:
understanding(s) will attendance be used to	sendance at the session improve student 3. How will you share what you learned at the session with others in the district?
 ☐ Check box if NO expenses will be incurred as a result of your attendance at this meeting. ☐ Check box if a substitute teacher will be necessary. Number of days substitute will be needed	
Amount of district-paid expenses requested:	
\$ registration \$	travel (mode)
\$ meals \$ (days X \$25 maximum)	tips, cabs, etc.
\$lodging \$	misc. ()
TOTAL EXPENSES \$	
expenses. I understand accepting this assignment commemployees.	r travel-related expenses and agree to separate district and personal mits me to share information and/or skills gained with other district
51	ignature
Su	upervisor's Signature
Budget Code for district expenses	
To Be Completed by Superintendent or Designee	
APPROVED REQUIRED	DENIED
A. Full Reimbursement	
B. Reimbursement limited to	(Enter leave in Skyward)

Attach white copy of this approval form to the Request for Reimbursement form following travel.