

TALLMADGE CITY SCHOOL DISTRICT
Professional Meeting/Visitation Request Form

Name School Date

Submit requests to attend professional meetings as soon as you determine that you wish to attend. Please accompany this application with a purchase order for all expenses

Specific Nature of Meeting

Date(s) of Meeting/Visitation

Location of Meeting/Visitation

Reimbursement Desired for the Following Expenses:

Table with 3 columns: Expense Category, Estimated, Actual. Rows include REGISTRATION FEE, TRANSPORTATION (Auto, Air, Toll Charges), LODGING, MEALS, and TOTAL.

Conditions of Request (Please check)

- () Expenses from District Staff Development
() Expenses from Building Staff Development
() Expenses will be paid by: Approval:
() Expenses for Substitute will be paid by:

Exact number of days needed for leave (including travel time both ways)

Dates of leave (days off duty)

Substitute Needed: No Yes Date(s):

Employee Signature APPROVAL: Principal/Supervisor

Superintendent or designee

AUTHORIZATION FOR PAYMENT

I participated in the above activity and hereby request reimbursement. Receipts must be kept and attached to form in order to you to receive reimbursement.

Employee Signature Date Superintendent's Signature Date

Board Fund/Activity Fund (circle appropriate one) General Ledger #

Table with 9 columns: FUND, FUNCTION, OBJ., S.C.C., SUBJECT, O.U., I.L., JOB, AMOUNT