

PROFESSIONAL MEETING REQUEST FORM

This form should be completed prior to an individual attending the requested meeting and kept by the supervisor issuing the approval.

NAME OF INDIVIDUAL MAKING THE REQUEST _____

POSITION _____ SCHOOL _____

REQUEST _____

DATES OF MEETINGS _____

LOCATION _____

APPROXIMATE COST FOR TRAVEL -

Please Note: Checks for lodging will be made to the hotel only. Please complete all information for the hotel below.

Hotel Name _____

Address _____

Room Rate	Number of Nights	Applicable Tax	TOTAL TO HOTEL
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Meals _____ x \$ 8.00 = \$ _____

(Breakfast)

_____ x \$ 12.00 = \$ _____

(Lunch)

_____ x \$ 18.00 = \$ _____

(Dinner)

\$ _____ TOTAL FOR MEALS

Mileage _____ x .47 =

(Round trip miles)

\$ _____ TOTAL FOR MILEAGE

OTHER EXPENSES (Registration, etc.) _____

TOTAL TO INDIVIDUAL \$ _____

APPROVED BY: _____

Principal/Supervisor

_____ Date

_____ Director of Schools

_____ Date

Appropriation Account _____