Request to Attend Professional Activity

1.	Complete this request form and send it to your office manager for Preliminary Administrator review approximately two weeks before the date of the requested activity or a minimum of one month for out-of-state trips. (Board approval required for out of state)				
2. Coordinate with your administrator for registration and payment of fees. (Use of sch				Use of school	
3	credit card is encouraged) The office manager will send the form to the District Office for review by the Superintendent. (After				
5.		view, form will be returned to the office manager and they will route the original to staff member.) For attending, attach all receipts, mileage forms and proof of attendance to the approved original			
4.	After attending, attach all receipts, mileage forms and				
_	form and send to your office manager for Administrator's final approval.				
5.	Office manager will route the form to the District office for reimbursement of approved expenses.				
	Name:	Date of Activity			
	Meeting/Activity Name:				
	Location	Out of State?	Yes	No	
	Comments/Rationale:				
	Account # (Assigned by Admin):				
	Substitute Account # (Assigned by Admin):				
	Substitute Needed ? Sub Name	#day(s)		#day(s)	
		Estimated Cost Actual Cost			
	Mileage@ current IRS rate	\$		\$	
	Meals @ U.S. per diem rates	\$		\$	
	Lodgingnights @ \$	\$		\$ \$	
	Registration Fee	\$		\$	
	TOTAL	\$		\$	
-					
	Employee Signature:		I	Date:	
	Preliminary Review by Administrator:		I	Date:	
	Superintendent Review:		I	Date:	
	(Form returned to office manager)				
	Final approval by Administrator:		г	Date:	
	Final approval by Administrator:(Send form with receipts/mileage attached to Lilling	an at District Of	fice; see #	4 & #5 above.)	