

PROFESSIONAL MEETING REQUEST & TRAVEL EXPENSE

PRE-APPROVAL FORM

rev 10/18

EMPLOYEE SECTION

DO NOT REGISTER FOR THIS WORKSHOP/ACTIVITY UNTIL FINAL APPROVAL BY ANTHONY MCCONNELL

Please complete the following information.

Please complete the ESTIMATED COST in the COST INFORMATION section.

Be sure to attach information regarding the workshop/activity (registration form, brochure, etc.)

Please give this form to your building principal for approval.

Employee _____ School _____

Workshop Title _____

Location _____ Date(s) of Workshop _____

Date(s) of Absence _____ Substitute Required? Yes _____ No _____

Employee Signature _____ Date _____

COST INFORMATION

Please see the Business Office Travel Guidelines.

Miles _____

| Estimated Cost | | |
|----------------|----|---|
| Substitute | Y | N |
| Transp. | \$ | |
| Miles | \$ | |
| Lodging | \$ | |
| Meals | \$ | |
| Regist. | \$ | |
| Other | \$ | |
| TOTAL | \$ | |

| Approved Cost | | |
|---------------|----|---|
| Substitute | Y | N |
| Transp. | \$ | |
| Miles | \$ | |
| Lodging | \$ | |
| Meals | \$ | |
| Regist. | \$ | |
| Other | \$ | |
| TOTAL | \$ | |

Expenditure Approval _____

Acct# _____

Date _____

PRINCIPAL SECTION

Please complete the following section to approve this absence.

In addition, If you are paying for this workshop with building funds, please complete the APPROVED COST in the COST INFORMATION section, sign and provide and account number.

Be sure to consider all costs including substitutes.

Once completed, please forward to Scott Schwartz for approval.

Do not process registration until approval has been given.

Absence Initiated By: Building Teaching and Learning Student Services Employee

Building Principal Absence Approval _____ Date _____

APPROVAL

Assistant Superintendent for T, L, and I _____

_____ Date _____

PROFESSIONAL MEETING REQUEST & TRAVEL EXPENSE
PROCESSING & REIMBURSEMENT FORM

rev 10/18

SECRETARY PROCESSING SECTION

Once you have received the approved Professional Meeting Request Approval from Scott Schwartz, you may process the registration.

Always try to use your procurement card as payment when possible.

Procurement Card Procedures

Process your registration as necessary using your procurement card.

Indicate the procurement card#, vendor, amount and date below.

Send the original Professional Meeting Request Pre-Approval form and a copy of the registration or invoice to Christie Hoffman in Accounts Payable.

Procurement Card # _____

Date _____

Vendor _____

Amt _____

Purchase Order Procedures

Process your purchase order requisition.

Indicate the purchase order number, vendor, amount and date below.

Send the original Professional Meeting Request Pre-Approval form and a copy of the registration or invoice to Christie Hoffman in Accounts Payable.

Please note: Your purchase order requisition will not be processed by Accounts Payable until these documents are received.

PO# _____

Date _____

Vendor _____

Amt _____

EMPLOYEE REIMBURSEMENT

To be completed after workshop is completed.

Please attach all receipts of items to be reimbursed. Complete the Cost Table below.

Miles _____

| Actual Cost (Reimb.) | |
|-----------------------------|-----------------|
| Transp. | \$ _____ |
| Miles | \$ _____ |
| Lodging | \$ _____ |
| Meals | \$ _____ |
| Regist. | \$ _____ |
| Other | \$ _____ |
| TOTAL | \$ _____ |

I certify that I attended the entire workshop indicated above and that the expense listed was incurred at this workshop.

Employee Signature _____

Date _____