

Appendix C – Article III

REQUEST FOR APPROVAL OF PROFESSIONAL MEETINGS AND TRIPS

Name: _____ School: _____

Title of Meeting, Workshop or Conference: _____

Location: _____ Dates _____

Reason for Attending: _____

List school days that you will miss: _____

Number of meetings, workshops or conferences already attended this year: _____

Number of days already missed for these conferences: _____

COST OF CONFERENCE

Registration (receipt required): _____ Lodging: _____

Meals: _____ Other (specify): _____

Travel: _____

(Current IRS rate for automobile) _____

TOTAL REIMBURSEMENT: \$ _____

(receipts required where possible)

OTHER COMMENTS

Signature of Member

Date

Signature of Principal or Supervisor

Date

Signature of Superintendent

Date