



# REQUEST FOR PROFESSIONAL MEETING AND TRAVEL



I am hereby requesting reimbursement for out-of-pocket expenses incurred while on an approved activity for the Oak Hill Union Local Schools.

Today's Date: \_\_\_\_\_

Activity: \_\_\_\_\_

Purpose: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

How will you communicate what you have learned with others? \_\_\_\_\_

How does this activity support the district's Continuous Improvement Plan? \_\_\_\_\_

|   |                       | Estimated | Actual |
|---|-----------------------|-----------|--------|
| ____ Estimated No. of Miles ____ Actual No. of Miles<br>@\$0.585 cents per mile | Total for Mileage     | \$        | \$     |
| Number of meals: _____  | Total Meal Expense    | \$        | \$     |
| Number of nights lodging: _____   | Total Lodging Expense | \$        | \$     |
|   | Other Expenses        | \$        | \$     |
|   | Registration Fee      | \$        | \$     |
|   | <b>TOTAL REQUEST</b>  | \$        | \$     |

What is the payment source? \_\_\_\_\_

|                                     |               |  |               |
|-------------------------------------|---------------|--|---------------|
|                                     |               |  |               |
| _____<br>Employee's Signature       | _____<br>Date | _____<br>Principal or Supervisor's Signature | _____<br>Date |
|                                     |               |  |               |
| _____<br>Superintendent's Signature | _____<br>Date | _____<br>Treasurer's Signature               | _____<br>Date |

- Submit initial request and estimated expenses to building administrators. Meals incurred during a single day trip will not be reimbursed (IRS Regulations Circular E, Publication 15).
- Building administrator may approve and forward to Superintendent for approval. Superintendent will forward to fiscal office for funding/reimbursement approvals.
- Approved request will be returned to applicant.
- After completion of activity, submit this form with actual cost and original itemized receipts within 30 days to Treasurer's Office for reimbursement. Debit/credit card summary receipts will not be accepted.