COPLEY-FAIRLAWN CITY SCHOOLS

Request to Attend Professional Meeting

Complete this form in its entirety.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | REIMBURSEMENT  APPROVAL  I certify that the expenses shown were incurred on board of education business and that I have attached the required original receipts.  **Complete upon return from the meeting and send to the treasurer’s office for payment.** |
| Meeting Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
| Meeting Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
| Phone Number at Location of Meeting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
| Meeting Date(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
| Reimbursement or funding is desired for the following expense(s): | | | | | |  |
| Request(s) | **Estimated** | **Office Use**  **Approved By** | | **Office Use**  **Requisition #** | |  | **ACTUAL EXPENSE(S)** |
| **Registration fee** (Prepay? € yes € no) |  |  | |  | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Meals**  Purchase order should be made payable to individual. |  |  | |  | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Lodging** \_\_\_\_\_\_\_ nights @ \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |  | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Trave**l \_\_\_\_\_\_\_\_\_ miles @ \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |  | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Miscellaneous** (parking, tolls, other-please list) Purchase order should be made payable to individual. |  |  | |  | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Total** |  |  | |  | |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Employee’s Signature**  **Approved for payment**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Treasurer**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date** |
| Is substitute required? € yes € no | If yes, date(s) needed \_\_\_\_\_\_\_\_\_\_ | | | | |
| **Employee’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_ | | | | | |
| **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** | | | | | |  |
| **For Administrative Use (Please sign and forward):** | | | | | |  |
| Coordinator/Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| (CDC, Director of Pupil Services, Athletic Director, etc.) | | | | | | | |
| Principal’s Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Assistant Superintendent’s Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |  | | |  |  |
| After this form is approved by the principal, requisitions for purchase orders must be prepared at the building level and sent to the Assistant Superintendent’s office. Approval is not final until requisition(s) have been signed by the Superintendent and Treasurer. | | | | | | | |
|  | | | | | | | |
| Attached are requisition(s) for: € Registration € Meals € Lodging € Travel € Miscellaneous | | | | | | | |
|  | | | | | | | |
| White – Treasurer’s Office Yellow – Building Pink – Asst. Supt. Gold - Employee | | | | | | | |

June 2013