COPLEY-FAIRLAWN CITY SCHOOLS

Request to Attend Professional Meeting

Applicant's Name: ______________________________

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	Office Use P.O. Number
Registration fee (Prepay? ❐ yes ❐ no)	________	________	________
Meals Purchase order should be made payable to individual.	________	________	________
Lodging _____ nights @ __________	________	________	________
Travel ______ miles @ __________	________	________	________
Miscellaneous (parking, tolls, other-please list) Purchase order should be made payable to individual.	________	________	________
Total	________	________	________

Is a 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, purchase orders must be prepared at the building level and sent to the Assistant Superintendent's office. Approval is not final until purchase order(s) have been signed by the superintendent and treasurer.

Attached are purchase order(s) for ❐ Registration ❐ Meals ❐ Lodging ❐ Travel ❐ Miscellaneous

White - Treasurer's Office   **Yellow - Building**   **Pink - Asst. Supt.**   **Green - Employee**

REIMBURSEMENT APPROVAL

I certify that the expenses shown were incurred on board of education business and that I have attached the required receipts.

Complete upon return from the meeting and send to the treasurer's office for payment.

Actual $

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Employee's Signature

Approved for payment

____

Treasurer

____

Date