

PAWNEE CUSD #11

PROFESSIONAL MEETING ATTENDANCE REQUEST

NAME _____ DATE(S) OF MEETING _____

MEETING SPONSORING ORGANIZATION _____

LOCATION OF MEETING _____

Estimated miles round trip _____ x .55.5 \$ _____

Registration Fee(s) \$ _____

Lodging (no. of nights _____ x rate _____) \$ _____

Meals \$ _____

Other (itemize) \$ _____

TOTAL \$ _____

Will a substitute be necessary? _____ Yes _____ No

If yes, number of days needed _____

APPROVED _____

DISAPPROVED _____

Principal's Signature

Date

APPROVED _____

DISAPPROVED _____

Superintendent's Signature

Date

NOTE: Upon returning from the meeting, a reimbursement form accompanied by all receipts must be completed and returned to the Unit Office.