**PAWNEE CUSD #11**

**PROFESSIONAL MEETING ATTENDANCE REQUEST**

NAME \_\_\_\_\_\_\_\_\_\_\_ DATE(S) OF MEETING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEETING SPONSORING ORGANIZATION

LOCATION OF MEETING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated miles round trip \_\_\_\_\_\_\_ x .625 cents $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Fee(s) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Meals $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (itemize) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will a substitute be necessary? \_\_\_\_\_Yes \_\_\_\_\_No $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (cost of substitute)

If yes, number of days needed\_\_\_\_\_\_\_\_\_

 TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.