**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.