

# 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.