

**MATHEWS LOCAL SCHOOL DISTRICT**  
**REQUEST FOR PROFESSIONAL MEETING LEAVE**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

I request ( ) day(s) professional leave to attend:

Professional Meeting \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Location \_\_\_\_\_

Date(s) of Absence from School \_\_\_\_\_

Date(s) of Meeting \_\_\_\_\_

Are you a member of the sponsoring organization? \_\_\_\_\_

Principal's recommendation/comments: \_\_\_\_\_

**\*\*\*NEW: You must provide a copy of your certificate or proof of attendance upon return of the professional meeting.\*\*\***

- ( ) 1. Full deduction of salary
- ( ) 2. No deduction of salary
- 3. Substitute needed: Yes \_\_\_\_\_ No \_\_\_\_\_
- Name of sub desired \_\_\_\_\_
- 4. If ½ day leave: A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

**ESTIMATED EXPENSES:**

Travel \_\_\_\_\_ miles at .53.5 cents per mile \$ \_\_\_\_\_

Lodging for \_\_\_\_\_ night(s) \_\_\_\_\_

Meals - \_\_\_\_\_ days x \$25 (maximum per day) \_\_\_\_\_

**Itemized meal receipts are required for reimbursements.**

Registration \_\_\_\_\_

Miscellaneous (Parking, tolls, etc.) \_\_\_\_\_

TOTAL ESTIMATED COST \$ \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Superintendent's Approval) (Approved Date)

\_\_\_\_\_

(Principal's Signature) (Received Date)

Board of Education Expenditure

Athletic Department Expenditure

Other  \_\_\_\_\_

**REIMBURSEMENT FORM INSTRUCTIONS: PLEASE ATTACH ALL ITEMIZED RECEIPTS FOR MEALS, LODGING, REGISTRATION FEE, AND COMPLETION CERTIFICATE. SUBMIT ONE COPY TO TREASURER'S OFFICE FOR REIMBURSEMENT.**

CONFERENCE ATTENDED: \_\_\_\_\_

DATE(S) ATTENDED: \_\_\_\_\_

MILEAGE: Beginning Location \_\_\_\_\_

Interim Stop(s) \_\_\_\_\_

Ending Location \_\_\_\_\_

Total Miles \_\_\_\_\_ x .53.5 cents per mile \$ \_\_\_\_\_

REGISTRATION FEE: \_\_\_\_\_ Paid Using PO \_\_\_\_\_ To Be Reimbursed \_\_\_\_\_

LODGING: \_\_\_\_\_ Nights \_\_\_\_\_ Paid Using PO \_\_\_\_\_ To Be Reimbursed \_\_\_\_\_

(\$100 maximum per night. Higher rate with Superintendent's prior approval.)

MEALS: Maximum Rate: (\$25 per day) \_\_\_\_\_

There shall be no reimbursement for alcoholic beverages. Gratuity reimbursement is limited to 15% of bill.

**Itemized meal receipts are required for reimbursement.**

MISCELLANEOUS: (i.e. parking, tolls submitted with receipts) \_\_\_\_\_

TOTAL TO BE REIMBURSED \$ \_\_\_\_\_

**ITEMIZED RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT**

DATE SUBMITTED: \_\_\_\_\_

(Signature)

SCHEDULE OF ROUND TRIP MILEAGE

<u>Destination</u>	<u>From/To</u>	<u>Miles</u>
Trumbull County ESC	Currie	20 miles
Trumbull County ESC	Baker	12 miles
Trumbull County ESC	MHS	12 miles
Trumbull Career and Technical Center	Currie	19 miles
Trumbull Career and Technical Center	Baker	27 miles
Trumbull Career and Technical Center	MHS	26 miles