

PLEASE CHECK
District Request _____
Personal Request _____

BUCKEYE LOCAL SCHOOL DISTRICT
REQUEST TO ATTEND PROFESSIONAL MEETING

1. Name: _____
2. Name of Meeting: _____
3. Date(s) of Meeting: _____
4. Place of Meeting: _____
5. Anticipated Costs: (Reimbursements as per Section 7.12 of Negotiated Agreement)

- A. Registration* (Max. Reimbursement \$50) \$ _____
- B. Transportation (IRS Rate per mile) \$ _____
- C. Meals (Not to exceed \$22.50 per day) \$ _____
- D. Lodging - (No. of Nights _____) \$ _____

(Not to exceed \$40.00 per night may include
2 nights at \$40 per night for 3 day meeting
where one night is a Sat. or Sun.)

- E. Parking \$ _____
- TOTAL ANTICIPATED COST \$ _____

6. Expenses will be Paid:
_____ By the Board _____ By the Athletic Department _____ Other (Specify _____)
7. Number of Days: _____ Substitute Needed? _____ Yes _____ No

BUILDING PRINCIPAL:

_____ Approved Date: _____
_____ Not Approved _____
Principal's Signature

SUPERINTENDENT:

_____ Approved Date: _____
_____ Not Approved _____
Superintendent's Signature

Please attach brief description of anticipated activities or a copy of the agenda. Comments about the value of the meeting to be submitted on the appropriate form after attending the meeting.

*Upon approval of **employee requested** Professional Day, all registration details, including fees, are the responsibility of the employee unless you have been requested to attend this meeting by the Administration. Reimbursement will be made after meeting date and after submission of reimbursement form along with receipts.

