Logan-Hocking School District

Logan, Ohio

# Professional Meeting Request Form

**Name**       **School**       **Date**

**Regional**  **State**  **National**

**Name of Meeting**       **Location (City, State)**

**Sponsor of Meeting**       **Meeting Dates**

**Departure (Date & Time)**       **Return (Date & Time)**

**A Substitute**  **will** **or**  **will not be needed.** **Dates**

**Purpose of the meeting**

**Building/District CIP Goal**

**Reimbursement**

Amount Anticipated Amount Requested

(To be completed (To be completed

before the meeting) after the meeting)

A. Registration Fee: Attach a copy A.  A.

of program and/or information

regarding registration fees.

B. Transportation:

Car: Mileage (       miles x .56)

Parking

Plane (Coach Fare)

Taxi (To & From Airport)  B.  B.

1. Lodging:

**Single @** **for** **nights =**

**Double @** **for** **nights =** **C.**  C.

1. Meals: Reimbursement for overnight conferences only (with receipts)

Breakfasts @ $10.00 each =

Lunches @ $10.00 each =

Dinners @ $20.00 each =  D.  D.

**Grand Total** $  $

Requesting Individual Date Principal Date

Recommended  Rejected

## Building Office Use

*Math/Science Related (Forward to Director of Instruction) Approved Date*

*Board Approval Needed (Forward to Director of Instruction) Approved Date*

*Recommend for Payment*

*Requisition for reimbursement completed date*

*\* Out of State meetings must have the approval of the Board of Education Revised 3-27-18*