



### REQUEST FOR OUT OF STATE PROFESSIONAL MEETING LEAVE

Approval needed in advance for meetings out of State.

Date:  Name:  Dept:

Meeting Name:  Meeting Date(s):

Meeting Location(city/state):

Sponsoring Organization:  Number of Leave Day(s):

**Estimated Expenses that will be claimed for reimbursement:**

Transportation (specify miles):  \$

Lodging(# of night(s)):  Cost per night:  \$

MEALS: Breakfast:  Lunch:  Dinner:  \$

Other Costs(specify):  \$

Estimated Total \$

**The above request is approved in accordance with Board policies.**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date