

**WEST JEFFERSON HILLS SCHOOL DISTRICT  
PROFESSIONAL MEETING REQUEST & EXPENSE REPORT**

NAME: _____	BUILDING: _____
MEETING TITLE: _____	ADDRESS OF MEETING: _____
SUB NEEDED: Yes ___; No ___	Date(s) Sub Needed: _____
Date of Departure: _____	Date of Return: _____

**ESTIMATED COSTS**

Mileage: \_\_\_\_\_ mi.                      X .625 = \_\_\_\_\_

Bus, train, plane, taxi                      \_\_\_\_\_

Lodging    \_\_\_\_\_

Mtg. Dues/Fees (Ref. any PO#)              \_\_\_\_\_

Parking    \_\_\_\_\_

Turnpike tolls                                      \_\_\_\_\_

Other expenses (explain below\*)              \_\_\_\_\_

**Meals: (estimated cost)**

**Meals: (actual cost)**

**ACTUAL COSTS**

Mileage: \_\_\_\_\_ mi.                      x \$.625 = \_\_\_\_\_

Bus, train, plane, taxi                      \_\_\_\_\_

Lodging    \_\_\_\_\_

Mtg. Dues/Fees (Ref. any PO#)              \_\_\_\_\_

Parking    \_\_\_\_\_

Turnpike tolls                                      \_\_\_\_\_

Other expenses (explain below\*)              \_\_\_\_\_

Date:	Breakfast:	Lunch:	Dinner:	Total	Date:	Breakfast:	Lunch:	Dinner:	Total
Total Meals:					Total Meals:				
<b>TOTAL ESTIMATED COST:</b>					<b>TOTAL ACTUAL COST:</b>				
Employee Signature: _____					Employee Signature: _____				
Date: _____					Date: _____				

By signing this form, you are agreeing to be willing to present information gained at a Staff In-Service or to your building staff.

- How will you apply this training in your role in the West Jefferson Hills School District? \_\_\_\_\_
- How will you share what you have gained with other colleagues? \_\_\_\_\_

**WITHIN FIVE (5) DAYS OF RETURNING FROM MEETING, SUBMIT THIS FORM WITH ACTUAL COSTS AND ORIGINAL ITEMIZED RECEIPTS TO THE ASSISTANT SUPERINTENDENT.** All expenditures, with the exception of mileage must be justified by a receipt or payment cannot be made. Please fill out the questionnaire on the reverse side of this form before submitting for reimbursement.

**Budget Encumbrance:**

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<b>Principal/Supervisor:</b> _____	Date:	<b>Account Code:</b>	Amount:
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<b>Assistant Superintendent</b> _____	Date:		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<b>Director of Finance:</b> _____	Date:		

**\*Comments:** \_\_\_\_\_

Participant: \_\_\_\_\_

+Title of the activity: \_\_\_\_\_

+What was the most important idea you obtained from this training in-service/workshop?

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+What individual/personal/professional growth experience resulted from your attending this session?

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