## 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					ACTUAL COSTS					
Mileage: mi. X .585 =					Mileage: mi. x <u>\$.585</u> =					
Bus, train, plane, taxi					Bus, train, plane, taxi					
Lodging					Lodging					
Mtg. Dues/Fees (Ref. any PO#)					Mtg. Dues/Fees (Ref. any PO#)					
Parking				Parking	Parking					
Turnpike tolls				Turnpike tolls						
Other expenses (explain below*)					Other expenses (explain below*)					
Meals: (estimated cost)										
Meals: (actual Date:	cost) Breakfast:	Lunch:	Dinner:	Total	Date:	Breakfast:	Lunch:	Dinner:	Total	
Date.	Dicakiast.	Lunch.	Dimer.	10(21	- Date.	Dicakiast.	Lunch.	Dinner.	Iotai	
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Total Meals:					Total Meals					
TOTAL ESTIMATED COST:					TOTAL ACTUAL COST:					
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.										
1. How will you apply this training in your role in the West Jefferson Hills School District?										
2. How will you share what you have gained with other colleagues?										
WITHIN FIVE (5) DAYS OF RETURNING FROM MEETING, SUBMIT THIS FORM WITH <u>ACTUAL</u> COSTS AND ORIGINAL <u>ITEMIZED</u> RECEIPTS TO THE ASSISTANT SUPERINTENDENT. All expenditures, with the exception of mileage must be justified by a receipt or payment <u>cannot</u> be made.										
Please fill out the questionnaire on the reverse side of this form <u>before</u> submitting for reimbursement.										
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Budget End		5 · 1 <b>5</b> ·						0.1	1.	
Approv	ed	Denied Prin	cipal/Superv	visor:		Date:	Acco	<mark>unt Code:</mark>	Amount:	
Approved Denied Assistant Superintendent						Date:				
Proved Demea Assistant Superintendent						2000				
Approv	ed 🔄 🛛	Denied Dire	ector of Fina	nce:		Date:				
*Commen	ts:									
									1	

Participant:
+Title of the activity:
+What was the most important idea you obtained from this training in-service/workshop?
+What individual/personal/professional growth experience resulted from your attending this session?