## 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:						
ESTIMAT	TED COSTS				ACTUAL (	COSTS					
Mileage: mi. X <b>.56</b> =					Mileage: mi. x .56 =						
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 c	cost)			Meals: (a	actual cost)					
Date:	Breakfast:	Lunch:	Dinner:	Total	Date:	Breakfast:	Lunch:	Dinner:	Total		
Total Meal					Total Meals						
TOTAL ESTIMATED COST:					TOTAL ACTUAL COST:						
Employee Signature:					Employee Signature:						
Date:					Date: tinformation gained at a Staff In-Service or to your building staff.						
1. How	will you apply	this training	in your role	in the West J	efferson Hills			•	O		
2. How	will you share	what you ha	ve gained wi	th other colle	agues?						
ORIGINA mileage 1	AL <i>ITEMIZE</i>	<b>D</b> RECEIPT ed by a rece	TS TO THE ipt or payme	ASSISTAN	Γ SUPERINT	ENDENT.	All expendit	tures, with the	COSTS AND e exception of rse side of this		
Approved Denied Principal/Supervisor:						Date:		ncumbrance:	Amount:		
Арріо	vedD	emed Fine	ipai/ superviso	01.		Date.		ount Code.	Amount.		
Appro	ved D	enied <b>Assist</b>	tant Superinte	ndent		Date:					
Appro	ved D	enied <b>Direc</b>	tor of Finance	::		Date:			1		
*Commer	nts:										

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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?