

EVERGREEN PROFESSIONAL MEETING REQUEST/REIMBURSEMENT FORM

(Complete this form ONLY if there will be any costs associated with this request. If no costs involved enter leave request on KIOSK)

STEP 1 – APPROVAL OF LEAVE REQUEST (BEFORE EVENT)

A professional meeting is defined as one that offers opportunity for professional growth and is in the best interest of the school district, as determined by the Superintendent. Please submit this form to the Building Principal for approval at least 2 weeks prior to the meeting date. If approved, this form will be forwarded to the Superintendent for final approval/disapproval. **The approved original form will be returned to you – KEEP THIS FORM to complete Step 2 for reimbursement.**

Location of Event: _____ Date of Event: _____

Event Sponsor/Topic: _____

Substitute required? YES NO If there will be no costs involved

Estimated Costs (if in doubt, estimate on the higher end of expected costs):

Registration Fees: _____

Lodging: _____ (cost of room & parking)

Mileage: _____ miles @ \$.50/mile = \$_____ (estimated mileage)

Miscellaneous: _____ (e.g., \$30 per day for meals if overnight stay)

Total Estimated Costs: _____

Please Note: For the District to pay registration fees prior to event, the registration form must be completed and submitted with this request. You must make your own room reservations; arrangements may be held with a personal or school credit card. Approved lodging shall be paid for with a school credit card.

Staff Member (print name): _____ Date Requested: _____

Approved Disapproved _____
Principal Date

Approved Disapproved _____
Superintendent Date

Please Note: If approved, enter professional leave in KIOSK. The Treasurer's Office will prepare the requisition(s). If you will have out-of-pocket expenses, keep this form for reimbursement application. Sign out credit card in the Treasurer's Office before departure.

STEP 2– APPROVAL OF REIMBURSABLE EXPENSES (AFTER EVENT)

If you have reimbursable expenses, attach receipts to this form and submit to the Superintendent for approval.

Registration Fees: _____ (only if paid in person; not prepaid)

Mileage: _____ miles @ \$.50/mile = \$_____ (actual mileage)

Miscellaneous _____ (meal receipts – max. of \$30/day; toll receipts, etc.)

Total Reimbursement: _____

Signature of Staff Member: _____ Date: _____

Approved Disapproved _____
Superintendent Date: _____