

CONNEAUT AREA CITY SCHOOLS  
**PROFESSIONAL MEETING/VISITATION REQUEST FORM**

**REQUISITION MUST ACCOMPANY THIS FORM FOR ALL EXPENSES**

Name \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

Date(s) of Meeting/Visitation: \_\_\_\_\_

Date(s) Substitute Required: \_\_\_\_\_

Name of Meeting/Visitation: \_\_\_\_\_

Location of Meeting/Visitation: \_\_\_\_\_

Nature of conference, professional meeting or visitation day. Briefly describe.

\_\_\_\_\_  
\_\_\_\_\_

**Estimated Expenses**

Mileage: \_\_\_\_\_ miles at .585 cents per mile: \$ \_\_\_\_\_

Transportation Fares (if other than by car): \$ \_\_\_\_\_

Registration fees: \$ \_\_\_\_\_

Meals (not to exceed \$25 per day): \$ \_\_\_\_\_

Parking: \$ \_\_\_\_\_

Lodging: Daily conference rate or lesser amount for different hotel: \$ \_\_\_\_\_

Athletic Lodging: Subject to approval of the Athletic Director \$ \_\_\_\_\_

Substitute Cost: \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSES \$ \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_  
Principal's Recommendation Date

\_\_\_\_\_  
Superintendent's Approval Date Requisition Number

The applicant must pay all expenses and submit the receipts, along with the Professional Meeting Reimbursement Request Form, for reimbursement.

Revised 7/23/08