

Request for Professional Meeting Attendance

Complete before meeting. Please submit to your immediate supervisor at least 10 days prior to meeting date. Upon approval, the form will be returned to you for completion of the Reimbursement Expense Statement section.

| | Purchase Order No | | | |
|--|---------------------|---------------------------------------|-------------------------------|-------|
| Staff Member | | | Date | |
| Title of Meeting | | | | |
| Nature/Purpose of Meeting | | | | |
| Meeting Location | | | | |
| Date(s) of Authorized Attendance | | | | |
| Requested Expenses | | | | |
| Registration | Lodging | · · · · · · · · · · · · · · · · · · · | | |
| Travel(airfare, taxi, car rental, shuttle parking, etc.) | Meals | | | |
| (amare, taxi, car rental, shuttle parking, etc.) | | quested | | |
| Any mileage should be submitted or | | | | |
| | - | | _ Date | |
| Supervisor Division Head/ESC Agent | | | - | |
| Reimbursement Expense Statement | | | | |
| Complete this section after meeting. Itemized Allowable per diem: \$60 per day for meals at moovernight stay will be reimbursed at \$15 maximum. | d expenses: Attacle | an overnight stay. State an | d local meetings not requirir | ng an |
| Actual Ex | kpenses Incurred | Reimbursable Expenses | Amount Not Reimburse | ∍d* |
| Registration | | | | |
| Lodging | | | | |
| Meals | | | | |
| Air Fare | | | | |
| Other (taxi, car service, car rental, etc) | | | | |
| Grand Total | | | | |
| Staff Member Signature | | | Date | |
| Division Hoad/ESC Agent | | | Dato | |

^{*} expenses that may be submitted to the IRS for tax purposes