

LAKE STATION COMMUNITY SCHOOLS

PROFESSIONAL MEETING/VISITATION REQUEST FORM

Name _____

School _____ Date _____

Date(s) of meeting/visitation _____

Location of meeting/visitation _____

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

Estimated Expenses

Mileage _____ miles @ current IRS rate. \$ _____

Plane, bus, train, and/or taxi fares \$ _____

Registration fees \$ _____

Meals \$ _____

Parking \$ _____

Lodging (only for locations beyond 100 miles from the Corporation)
The Superintendent may approve exceptions \$ _____

TOTAL ESTIMATED EXPENSES \$ _____

Employee's Signature _____ Date _____

Principal's Recommendation _____ Date _____

Superintendent's Approval _____ Date _____

*The applicant must pay all expenses and submit the receipts along with the Professional Meeting Expense Form for reimbursement.

**All professional leaves must be approved by the Board if requesting reimbursement, or the Superintendent if not requesting reimbursement, prior to attending the conference, workshop or meeting.