

Professional Development Event Leave & Expense Budget Request

Employee Name: _____ Building: _____

Leave Request Date(s): _____

Substitute required Budget Account # _____

Attach copy of conference schedule

Name of Meeting/Conference: _____

Use the name on the Conference Registration Form

Location: (Bldg, hotel, city, state) _____

Reason for Attendance / Benefit to District: _____

ITEM:	ESTIMATED COST:
Conference Registration	\$
Mileage ____ miles x current IRS rate)	\$
Lodging (hotel/other)	\$
Meals	\$
Parking	\$
Substitute Cost (current rate set by ODE) \$ day	\$
Other:	\$
TOTAL ESTIMATE	\$

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Requesting Employee's Signature

Date

Approve absence & building funds:

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Principal's Signature

Date

Approve absence & building funds:

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Superintendent's Signature

Date

ONCE APPROVED, USE TRAVEL EXPENSE REIMBURSEMENT CLAIM FORM FOR PERSONAL EXPENSES

Route to: Original to HR, copies to Employee, Building Administrator, Building Secretary

12/10/24