

**Findlay City School District
Professional Meeting Form**

Name _____
 School/Department _____
 Title of Meeting/Conference _____
 Purpose of Meeting _____

Purchase Order # _____
 Grade/Subject _____
 Date(s) of Meeting _____
 Location of Meeting _____

Estimated Cost of Trip		
Miles	@ \$.45/mile	\$
Receipts are required for all expenses listed below:		
Transportation / Air fare / Taxi		\$
Lodging		\$
* Meals - Max. \$25.00 per day		\$
Registration / Meeting fees		\$
Parking tolls		\$
Other (explain)		\$
TOTAL CLAIM		\$

Actual Cost of Trip		
Miles	@ \$.45/mile	\$
Receipts are required for all expenses listed below:		
Transportation / Air fare / Taxi		\$
Lodging		\$
* Meals - Max. \$25.00 per day		\$
Registration / Meeting fees		\$
Parking tolls		\$
Other (explain)		\$
TOTAL CLAIM		\$

*** NOTE: Meals are only reimbursable if an overnight stay is required (due to IRS tax consequences).**

Signature of Employee _____ Date _____

Signature of Employee _____ Date _____

Signature of Principal or Supervisor _____ Date _____
 Individual _____ Building _____ District _____

Signature of Principal or Supervisor _____ Date _____

Signature of Superintendent or Asst. Superintendent _____
 Approved _____ Disapproved _____

Signature of Superintendent or Asst. Superintendent _____

NOTE:

- * Attach a copy of Purchase Order
- * Attach **detailed** receipts for all expenses (credit card slips only showing total are NOT acceptable)
- * Return claims within two (2) weeks after returning to work
- * Claims shall not include tips, gratuities, telephone charges, telegrams, or postage
- * Total claims shall not exceed the conference allocation for each individual or reimbursement policy of the Findlay City Board of Education

Revised 8/24/09
 Reviewed 6/1/12
 Revised 10/12/12
 Revised 8/30/13