

Requisition Entered: YES NO
 Requisition Entered By: _____
 Responsible Building/Dept: _____

Vandalia-Butler City School District Professional Meeting

Meeting Duration
 All Day 1/2 Day

Name _____ Meeting Title _____
 Employee # _____ Building _____ Meeting Date(s) _____
 Grade & Subject _____ or Dept. _____ Location _____

Section A
All Estimated Expenses

1.) Lodging* _____
 2.) Meals* _____
 3.) _____ Miles @ \$ _____
 4.) Parking* _____
 5.) Registration* _____
 6.) Rental Car* _____
 7.) Taxi/Limo* _____
 8.) Travel* _____
 9.) Other* (Specify) _____

Total Estimated Expenses \$ _____

Employee Signature *Date*

*Itemized receipts required for reimbursement

Is a Substitute Needed?
 ___ Yes ___ No

Date(s) a Sub is Needed:

___ All Day ___ AM ___ PM

Section B
Request Approval

___ Amount Approved ___ NOT Approved

Principal/Supervisor *Date*

Director/Superintendent *Date*

Section C
All Actual Expenses & Reimbursement Amount

1.) Lodging* _____
 2.) Meals* _____
 3.) _____ Miles @ \$ _____
 4.) Parking* _____
 5.) Registration* _____
 6.) Rental Car* _____
 7.) Taxi/Limo* _____
 8.) Travel* _____
 9.) Other* (Specify) _____

Total Actual Expenses \$ _____
 Reimbursement Amount \$ _____

Employee Signature *Date*

*Itemized receipts required for reimbursement

Section D
Mileage

| Date | Description of Travel | Miles |
|--------------------|-----------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Total Miles | | _____ |

Instructions: Complete general information and Section A. Attach a brochure describing the meeting. Estimate costs where applicable. Submit the form and attachments to your principal/supervisor. When approved, the forms will be returned to you. Upon completion of the meeting, complete Section C (Section D for Mileage) and return the completed form with all expense documentation to your principal/supervisor for approval. Final administrative approval for reimbursement is required on all forms (Section E).

Section E
Reimbursement Approval

Principal/Supervisor *Date*

Director/Superintendent *Date*

Treasurer's Office Only: Paid in Full Partially Paid Returned by _____