

MEETING FORM

Meeting Form should be submitted to the Curriculum Department **15 days** prior to meeting.

BUILDING
Please choose from the drop down below.

Curriculum Department to be notified if you do not attend.

Name: _____ Name of Meeting: _____

Meeting Location: _____

Meeting Date(s): _____ Total # of Days _____

If your meeting is more than 1 day, please list all dates.

Substitute Needed Yes No

Purpose/Skills Addressed

	Reimbursable Items	Estimated Expenses		Pre-Paid Expenses	Actual Reimbursement to Employee
1	Meeting Fees:	\$		\$	XXX
2	Lodging per Day:	\$		\$	
3	Total # of Nights overnight:				
4	Multiply Lines 2 and 3:	\$		\$	\$
5	Meals (itemized receipts required):	\$		XXX	\$
6	Mileage Round Trip (estimated):		Miles	XXX	Miles
7	Other (Specify)	\$		XXX	\$
	Total:	\$		\$	\$
Accts. Payable Only:					

Staff's Signature

Date Submitted

Account Code for Expenses w/ Mileage

Account Code for Substitute

Supervisor's Signature

Date

Please keep a copy for your records. Attach ALL original receipts to your copy and forward to Accts. Payable Depart. At Central Office