

VERMILION LOCAL SCHOOL DISTRICT - PROFESSIONAL MEETING NOTIFICATION

PART I REQUEST TO ATTEND A PROFESSIONAL MEETING

This portion to be completed and submitted to Principal / Supervisor at least 10 days prior to meeting

Name of Applicant: _____ School / Dept. _____
Meeting to be attended: _____ Location: _____
Meeting Date(s): _____ Meeting Time: _____ Total Days Absent from Work: _____

MY ESTIMATED EXPENSES FOR THIS MEETING ARE:

Registration fees: \$ _____ to be paid to: _____

Registration fee is being **paid by** (Check one): **Employee/** **Treas. Office/** **district card/** **petty cash**
and will be paid in advance OR reimbursed to employee

CHECK ONE: I HAVE ALREADY REGISTERED PLEASE REGISTER FOR ME

Lodging: _____ nights X \$ _____ per night Name of Hotel _____

Food Costs (approx.) \$ _____ Mileage: (miles _____) \$ _____

Other (parking, etc.): _____ No expenses: _____

_____ I request Reimbursement of Half Day Per Diem for Approved In-Service Training

Date of Program: _____ Name of Program: _____

APPROVAL: Principal/Supervisor: _____ Date: _____

Assistant Superintendent: _____ Date: _____

ACCOUNT CODE(S) TO BE USED FOR ALL EXPENSES

XREF	Fund	Function	OBJ	SCC	Subject	O.U.	I.L.	Job	Amount

STOP HERE – SUBMIT TO PRINCIPAL OR SUPERVISOR FOR APPROVAL

COMPLETE BOTTOM AFTER ATTENDING MEETING:

Part II DOCUMENTATION OF ACTUAL EXPENSES TO BE REIMBURSED

Complete this portion, attach original receipts and submit to Principal or Supervisor for approval

PLEASE NOTE: ANY EXPENSES NOT TURNED IN WITHIN 30 DAYS OF DATE OF MEETING WILL NOT BE REIMBURSED (Article 10.01 B and E)

PLEASE REIMBURSE THE FOLLOWING EXPENSES – *MY RECEIPTS ARE ATTACHED:*

Registration: \$ _____ Lodging: _____ nights X \$ _____ per night = \$ _____

Meals: \$ _____ Mileage: _____ miles X \$ _____ per mile = \$ _____

Other – Give detailed explanation: _____

Reimbursement for 1/2 day Per Diem for Approved In-Service Training: _____

(Attach appropriate documentation of attendance.)

Total Expected Reimbursement: \$ _____

Applicant's Signature _____ Date _____ Principal / Supervisor Approval _____ Date _____

Certified Staff Only: Amount approved for payment \$ _____ Supt. _____

PROFESSIONAL MEETING REIMBURSEMENT FORM

INSTRUCTIONS

1. Employee will complete top ½ of form, including an estimate of all expenses for which reimbursement is requested.
2. Employee will submit form to Principal or Supervisor for approval, along with **completed** registration form for conference/meeting, if needed.
3. Principal or Supervisor will send approved requests to the Superintendent or Assistant Superintendent for final approval.
4. Employee will receive a copy of the approved form prior to the date of the requested meeting. Approved form will be used to request reimbursement.
5. **WITHIN THIRTY (30) DAYS AFTER ATTENDANCE AT MEETING**, Employee will complete bottom ½ of approved form, attach ORIGINAL receipts, and submit to Principal or Supervisor for approval of expenses. **ANY EXPENSES SUBMITTED AFTER 30 DAYS WILL NOT BE REIMBURSED.**
6. Principal or Supervisor will forward completed expense forms and all receipts to the Treasurer's office for reimbursement.
7. Reimbursements will be processed in the next regularly scheduled check run after request is received, provided all documentation is in order.
8. HALF DAY REIMBURSEMENT FOR APPROVED IN-SERVICE TRAINING – Date to be reimbursed must be a non-scheduled work day. Documentation of attendance at approved in-service training must be provided before payment will be made.

**PLEASE NOTE: FAILURE TO FOLLOW INSTRUCTIONS WILL RESULT IN
DELAY IN PROCESSING REIMBURSEMENT
AND/OR REGISTRATION REQUESTS.
PLEASE SUBMIT COMPLETE INFORMATION**

Allowable Expenses – CERTIFIED STAFF (See V.T.A. Negotiated Agreement Article X)

Registration Fee – *RECEIPTS ARE REQUIRED*

Lodging – Up to \$100.00 per night, plus tax – *RECEIPTS ARE REQUIRED*

Mileage at the IRS established rate

Incidental Expenses (parking, tolls, etc.) – *RECEIPTS ARE REQUIRED*

Other Transportation arrangements as approved by the Superintendent

Meals – *RECEIPTS ARE REQUIRED*

Breakfast \$5.00 limit

Lunch \$10.00 limit

Dinner \$20.00 limit

All expenses must be approved in advance and receipts documenting cost are required as noted.

Allowable Expenses – CLASSIFIED STAFF

Refer to Article 33.06 of the Negotiated Agreement.