

Date Rec'd Building Office: _____

Date Rec'd Central Office: _____

Rec'd by: _____

Rec'd by: _____

MILAN COMMUNITY SCHOOLS

REQUEST FOR CONFERENCE/PROFESSIONAL DAY

*Multiple-day and \$250+ requests must be submitted in time for Board approval.
Staff member must be a member of the sponsoring organization, where applicable (attach evidence).*

Name of Staff Member(s): _____

Name of Event: _____

Date(s) of Event: _____ Location: _____

Rationale for Attendance: _____

Corporation-incurred expenses (add no others):

Will a substitute be required?

1. Registration \$ _____

Yes _____ No _____

2. Lodging \$ _____ (\$100 maximum)

Periods substitute needed (don't circle prep period):

3. Mileage* \$ _____ (_____ miles x .45)

A B C D E F G

TOTAL \$ _____

Half Day _____ Full Day _____

* You may request either mileage reimbursement or the use of a corporation vehicle, but not both.

I am requesting the use of the driver education car _____ or school van(s) _____.

If you wish to have the Superintendent's Office send in the registration, please attach it. If you register yourself or pay for your own lodging, the State Board of Accounts requires original receipts for reimbursement. Note that registration, lodging, and mileage are the only three reimbursable expenses.

Approved / Disapproved: _____
Principal

Date

Approved / Disapproved: _____
Superintendent

Date

Approved / Disapproved: _____
School Board (if applicable)

Date