

**MEETING/CLINIC/WORKSHOP ATTENDANCE  
(JOB RELATED - SCHEDULED DURING NON-WORKING HOURS)**

NAME OF EMPLOYEE \_\_\_\_\_ VENDOR # \_\_\_\_\_

I am planning to attend a (circle one) **meeting** **clinic** **workshop** for which I will request reimbursement. This event is scheduled during non-working hours.

Day & Date of event \_\_\_\_\_

Title of meeting/clinic/workshop \_\_\_\_\_

Location of same \_\_\_\_\_

Relationship of meeting/clinic/workshop to position for which I am employed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reimbursement will be requested for:

Registration \$ \_\_\_\_\_ Do you wish to be paid directly from the district? \_\_\_\_ Yes \_\_\_\_ No  
(Please attach registration information.)

Room \$ \_\_\_\_\_

\*PLEASE NOTE: School Districts are not charged tax. If you pay with personal payment you will be charged taxes. We DO NOT reimburse for taxes, but would be happy to make arrangements for payment by the district so no taxes will be charged.

Other \$ \_\_\_\_\_ (Parking, etc., please specify) \_\_\_\_\_

Mileage \_\_\_\_\_ (you will be reimbursed at the current IRS rate per mile)

**Total \$ \_\_\_\_\_ (To be completed by Fiscal Office)**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date (Day this is filled out)

\_\_\_\_\_  
Signature - sponsoring agent  
(Principal, Special Programs Supervisor, Athletic Director, etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Not approved

\_\_\_\_\_  
Signature, Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Not approved

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To be completed by Fiscal Office:

Requisition # \_\_\_\_\_

Purchase Order # \_\_\_\_\_