

PROFESSIONAL MEETING REQUEST FORM

Complete top portion of this form prior to your meeting



Requested by (employee): _____
 JobTitle/Program _____
 Building Assignment _____
 Name of Meeting/Conference _____
 Registration "payable to" _____
 Date(s) of Meeting/Conference _____ Location (city) _____

All meeting expenses, including mileage, must be requested on this form along with your completed registration. You may not use NCOESC meeting funds to pay for CPR, CAP or First Aid training.

Registration Fee \$ _____

~~Completed registration form must be attached & rec'd 2 wks prior to deadline for registration~~ in order for NCOESC to pay registration fee directly

If there is no registration fee for meeting, employee is responsible for submitting their own registration after approval is received

•Membership dues and CEU's are to be paid by employee to the organization-do not include these in registration fee

•Please circle or highlight on registration form to whom check is to be made payable to and mailing address of payment

Estimated reimbursable expenses:

Travel/Parking \$ _____ based on .585 cents per mile or other rate: _____
 Meals \$ _____ allowable with overnight stay only - \$50 limit per overnight stay, 20% max tip allowed
 Lodging \$ _____ List date(s) of stay _____

Complete lodging above if employee is paying and requesting reimbursement for lodging (share rooms when possible)

Please note: Breakfast will not be reimbursed on the day of departure and dinner will not be reimbursed on the day of return. No charges for alcohol shall appear on any receipt turned in for reimbursement

Complete hotel information below only if check is to be processed by NCOESC for lodging:

Name of hotel _____
 Address _____
 City, State, Zip _____
 Telephone # _____
 List date(s) of stay _____
 Confirmation # _____
 Exact amount for hotel \$ _____

•Hotel reservation must be made by employee with confirmation # required-receipt must follow upon return.
 •NCOESC will process check & tax exemption form and will forward to you before your departure.

EMPLOYEE SPECIAL INSTRUCTIONS (Must be completed in order to process)

Please check appropriate box(es)

Completed registration form with a fee is attached, please process

I will register, pay fee and request reimbursement
 (for all on-line registrations or past deadline of processing)

I will register, NCOESC please pay fee directly

No registration fee, I will register

Sharing room with _____

This is a NCOESC event. There is no registration fee required

This is a NCOESC event. Take registration fee from meeting account.

Add'l Info: _____

 Date _____
 Employee Signature _____

I have confirmed that all required information and attachments are complete.

 Date _____
 Approval of Supervisor (indicates approval for attendance & preliminary budget)

 Date _____
 Approval of Superintendent

A "PROCESSED" copy of this form will be e-mailed to employee after approval & processing. You will use the below portion of the "processed" copy to request reimbursements after attending event.

REIMBURSEMENT SECTION ONLY:

Attach detailed original receipts for any reimbursements requested.

Meal receipts must have a date, detailed items, and not hand written. Mileage for meeting must be submitted below.

Registration receipt from sponsor required for reimbursement. Copy of check acceptable but only with certificate of attendance.

The reimbursements are true and correct to the best of my knowledge.

 Date _____
 Employee Signature _____

Registration Fee	\$ _____
Traveled _____ miles x .585 other rate _____	\$ _____
Cost of Meals	\$ _____
Cost of Lodging	\$ _____
Miscellaneous	\$ _____
Total Amount Requested	\$ _____

I have confirmed that all required information and attachments are complete.

 Date _____
 Approval of Supervisor

If meeting is cancelled or you do not attend, please check box below, sign and return "processed" form to fiscal department

Meeting cancelled or did not attend, please cancel expenses.

 Date _____
 Approval of Superintendent