WA-NEE COMMUNITY SCHOOLS

REQUEST TO ATTEND PROFESSIONAL MEETINGS

NAME: _____ **DATE:** _____ **SCHOOL:** _____

Description of Meeting: _____

_____

DATE(S): _____ **LOCATION:** _____

Please check for availability of corporation vehicle or minibus by calling the Admin Office at 773-3131, ext. 6214.

My attendance at this professional meeting will assist me in the performance of my position in the following way(s):
(please attach a conference agenda, brochure, or schedule of events)

_____

_____

My attendance at this professional meeting will support my school's School Wide Plan as follows:

_____

_____

SIGNATURE OF ATTENDEE _____ **DATE** _____

SIGNATURE OF PRINCIPAL _____ **DATE** _____

Submit this request to the Superintendent's office **at least one month** in advance.

SIGNATURE OF SUPERINTENDENT _____ **DATE** _____

REIMBURSEMENT OF EXPENSES

1. The following expenses are approved within the limitation of conference registration, meals, lodging and transportation.

2. All claims for reimbursement, lodging, meals and conference registration must be supported by fully itemized, detailed receipts in order to be reimbursed. (**Fully itemized receipts for meals is defined as a detailed description of the food and drink purchased along with the date, restaurant name and location**).

3. Teachers who attend Board approved conferences or meetings approved by the Superintendent will be reimbursed accordingly upon submission of an approved claim form and the following guidelines:

A) The corporation vehicle or minibus was not available for use on the date of conference or meeting.
B) Reimbursement is limited to one vehicle for every four (4) attendees.
C) Approved travel will be calculated at **.725** cents per mile (effective 1/1/2026).

4. Effective immediately, reimbursement of expenses will be paid on an individual basis only. No reimbursement will be paid for expenses for others attending the meeting/conference (effective 5/01/17).

The following expenses are an estimation for the above mentioned conference/meeting.

Registration	$		
Total Mileage (Do not include mileage when using the corporation vehicle)	_____ Miles	/ $	0.00
Substitute	_____ # of Days	/ $	0.00
Lodging/Airfare	$		
Meals			
Breakfast ($10.00 max)	$		
Lunch ($15.00 max)	$		
Dinner ($25.00 max)	$		
Miscellaneous (parking, baggage)	$		
Total expenses	**$0.00**		