

Smith-Green Community Schools Request for Professional Leave

Name: _____ Position: _____

1. Name and description of meeting (attachment preferred): _____

2. Meeting dates: _____

3. Location: _____

4. Reason for attending: _____

5. Estimated Expenses:

a. Transportation

1. _____ I request a school van:

_____ Van assigned

_____ No van available (**IRS rate** _____ **cents/mile**)

2. _____ I choose to drive my own vehicle (no mileage paid). \$ _____

b. Registration Fee \$ _____

c. Lodging \$ _____

d. Meals \$ _____

e. Miscellaneous Expenses (Please specify.) _____ \$ _____

Account # _____ **Sub-Total** \$ _____

f. Substitute _____ @ \$75 or \$60/day for _____ days: \$ _____

Account # _____ **Total Estimated Expenses** \$ _____

Employee Signature: _____ Date: _____

Principal/Supervisor: _____ Date: _____

Superintendent: _____ Date: _____

Board Approval Date: _____

PLEASE NOTE:

- The School Corporation reserves the right to deny expenses that are questionable or excessive regardless of the approved limits; examples are movies, room service meals, or other personal items not approved by the State Board of Accounts as reimbursable.
- No more than one mileage claim per five attendees is allowed.
- Lodging is expected to be the least expensive available; room sharing is expected;
- Meals should not exceed \$30.00/person/per **overnight** leave (Brunch/Breakfast-\$6.00; Lunch-\$9.00; \$15.00-Dinner).
- Be sure to include all expenses, e.g., parking and any other miscellaneous expenses.
- All receipts must be attached to a claim, which has been initialed by the Building Principal/Supervisor.
- **Detailed receipts must accompany charge slips for reimbursement.**
- A copy of the Professional Leave form must accompany the claim as well.
- Additional reporting requirements may be required by the Building Principals/Supervisors.