

PROFESSIONAL MEETING REQUEST

DATE _____ NAME _____

TITLE OF MEETING/CONFERENCE _____
(Attach a copy of the meeting/conference announcement)

ORGANIZATION SPONSORING EVENT _____

REASON FOR ATTENDING _____

LOCATION OF MEETING/CONFERENCE _____

MEETING IS *(Check one)*: LOCAL STATE OTHER

DATE(S) OF MEETING/CONFERENCE: FROM _____ THROUGH _____

ARE CLASS DAYS INVOLVED? *(If yes, state how you intend to cover for the missed class time.)*

YES NO _____

| | <u>ESTIMATED EXPENSES</u> | <u>ACTUAL EXPENSES</u> <i>(To be completed by Administration)</i> |
|---|-------------------------------|--|
| REGISTRATION | \$ _____ | \$ _____ |
| LODGING | \$ _____ | \$ _____ |
| MEALS | \$ _____ | \$ _____ |
| TRANSPORTATION | \$ _____ | \$ _____ |
| <i>(If transportation is by private automobile, multiply roundtrip mileage by .56. This should not exceed the lowest airfare available. If using the college vehicle, the department will be charged for the mileage cost and this should be included.)</i> | | |
| OTHER _____ <i>(Specify)</i> | \$ _____ | \$ _____ |
| OTHER _____ | \$ _____ | \$ _____ |
| OTHER _____ <i>(Use additional space if needed)</i> | \$ _____ | \$ _____ |
| TOTAL | \$ _____ | \$ _____ |

(If you need to have registration fees paid directly by the College, identify this requirement.)

ACCOUNT NUMBER TO BE CHARGED _____ SIGNATURE - DATE _____

DEPARTMENT HEAD - DATE _____ VICE PRESIDENT, ACADEMIC AFFAIRS - DATE _____

Expenses will be reimbursed to a maximum amount of \$ _____
Expenses to be reimbursed will be paid upon completion of this form prior to the meeting. After return from the meeting complete the blue form for reimbursement. Attach copies of all receipts to the blue form to substantiate expenses.
 REVISED 05/14