

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>ESIMATED EXPENSES</u>	<u>ACTUAL EXPENSES</u> <small>(To be complete by Administration)</small>
REGISTRATION	\$ _____	\$ _____
LODGING	\$ _____	\$ _____
TRANSPORTATION	\$ _____	\$ _____
<i>(If transportation is by private automobile, multiply roundtrip mileage by .535. 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 10/17