

### 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><b>ESIMATED EXPENSES</b></u>	<u><b>ACTUAL EXPENSES</b></u> <small>(To be complete by Administration)</small>
<b>REGISTRATION</b>	\$ _____	\$ _____
<b>LODGING</b>	\$ _____	\$ _____
<b>TRANSPORTATION</b>	\$ _____	\$ _____
<i>(If transportation is by private automobile, multiply roundtrip mileage by .545. 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>		
<b>OTHER</b> _____ <i>(Specify)</i>	\$ _____	\$ _____
<b>OTHER</b> _____	\$ _____	\$ _____
<b>OTHER</b> _____ <i>(Use additional space if needed)</i>	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

*(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 \$** \_\_\_\_\_

*After return from the meeting complete the Travel Reimbursement Form and attach copies of all receipts to the form.*

REVISED 6/18