

BRYAN CITY SCHOOLSPROFESSIONAL MEETING/VISITATION REQUEST FORM

Name \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

Date(s) of meeting/visitation: \_\_\_\_\_

Location of meeting/visitation: \_\_\_\_\_

Nature of conference, professional meeting or visitation day. Briefly describe:

Estimated Expenses

Mileage \_\_\_\_\_ miles @ \_\_\_\_\_ per mile \$ \_\_\_\_\_

Plane, bus, train, and/or taxi fares \$ \_\_\_\_\_

Registration fees \$ \_\_\_\_\_

Meals (not to exceed \$ \_\_\_\_\_ per day)\* \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

Lodging (only for locations beyond \_\_\_\_\_ miles from the District.  
The Superintendent may approve exceptions) \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSES \$ \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature Date\_\_\_\_\_  
Principal's Recommendation Date\_\_\_\_\_  
Superintendent's Approval Date

The applicant must pay all expenses and submit the receipts along with the Professional Meeting Reimbursement Request Form for reimbursement. The applicant's signature indicates an agreement to abide by the terms in Policy 3243 and Policy 3440 and AG 3243, AG 3440A, AG 3440B, and AG 3440C.

Please accompany this application with a purchase order for all expenses.

\* Under no circumstances will staff members be reimbursed for the purchase of alcoholic beverages.

The accrual of personal frequent-flyer miles, hotel "bonus points," credit card "rewards," or any other reward under similar affinity programs (including credit points or rewards directed to non-profit organizations) is strictly prohibited.

12/05