

Montgomery County Educational Service Center  
OFFICE OF THE SUPERINTENDENT

TO: Supervisor

FROM: \_\_\_\_\_

Subject: **APPROVAL FOR PROFESSIONAL MEETING**

Meeting: \_\_\_\_\_

Date: \_\_\_\_\_  Full Day  Half Day - AM  Half Day - PM

Place: \_\_\_\_\_

Organization \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date

**ESTIMATED COST: Must Be Completed Prior To Meeting**

Transportation \_\_\_\_\_

Meals \_\_\_\_\_

Lodging \_\_\_\_\_

Registration \_\_\_\_\_

Other \_\_\_\_\_

**Total** \_\_\_\_\_

**Request Approval**

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date Approved

Check box if separate purchase order needed for registration

**Actual Cost (Please Attach Original Itemized Receipts): To Be Completed After Meeting**

Actual Miles Traveled \_\_\_\_\_

x Current rate \$ 0 . \_\_\_\_\_

= Transportation Cost \$ \_\_\_\_\_ . \_\_\_\_\_

Meals \$ \_\_\_\_\_ . \_\_\_\_\_

Lodging \$ \_\_\_\_\_ . \_\_\_\_\_

Registration \$ \_\_\_\_\_ . \_\_\_\_\_

Other \$ \_\_\_\_\_ . \_\_\_\_\_

**Total** \$ \_\_\_\_\_ . \_\_\_\_\_

**Expense Approval**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date Approved