

**CARROLLTON EXEMPTED VILLAGE SCHOOL DISTRICT
205 SCIO ROAD S.W., CARROLLTON, OHIO 44615**

REQUEST FOR PROFESSIONAL MEETING

Date _____

Request is hereby made for a professional meeting on the following date(s):

(Please state day and date)

(Name of Conference, Meeting, Workshop)

(Location of Meeting)

Purpose: _____

(Please attach brochures, if available)

Estimated Expenses:

Registration Fee _____

Estimated Lodging: _____

Estimated Mileage: _____

Total Estimated Cost: _____

Name (Please Print) _____

Signature of Applicant _____

Signature of Principal/Supervisor _____

Signature of Superintendent/Dir. Of Programs _____

Approved _____ Disapproved _____ Date _____

- Once approval is given, the **APPLICANT** is to register for class/workshop, and make room reservations. Complete appropriate purchase order(s) (PO).
- After an employee has returned from an approved professional meeting, he/she shall turn in the yellow copy of the **PO along with receipts**, to the Assistant to the Treasurer, Budgetary. If no PO was done complete a **REIMBURSEMENT form, attach receipts**, and submit to the Superintendent.
- In addition, the attendee must be willing to share information as a presenter at a meeting if requested to do so.