

VICTOR SCHOOL DISTRICT NO. 7
VICTOR, MT 59875
REQUEST FOR APPROVAL OF PROFESSIONAL LEAVE

PO# _____

TODAY'S DATE: _____ NAME: _____

TRAVEL AND/OR ABSENCE DATE(S): _____

AMOUNT OF DAY MISSED: State - morning, afternoon, or entire day missed; 7-12 Teachers - list the periods missed: _____

JUSTIFICATION/DESCRIPTION (include brochure): _____

SUBSTITUTE: _____

LOCATION: _____

REGISTRATION DEADLINE: _____ Please attached completed registration form.

DEPARTURE DATE: _____ TIME: _____ A.M./P.M. RETURN DATE: _____ TIME: _____ A.M./P.M.

DISTRICT EXPENSE: _____ GIVE ACTUAL OR ESTIMATED COST

Travel: Personal vehicle _____ miles at .054 cents/mile.....\$ _____

(Please complete even if you plan to waive reimbursement.)

Car pooling with _____ (driver)

Commercial travel (receipt required) \$ _____

Lodging: Motel name: _____ (receipt required)

Rooming with: _____

_____ night(s) @ at\$ _____ (If unknown, estimate at state rate - \$83+ tax per night)..... \$ _____

Meals: _____ morning meal(s) @ \$5.00.....\$ _____

_____ noon meal(s) @ \$6.00.....\$ _____

_____ evening meal(s) @ \$12.00\$ _____

Registration: (receipt required)..... \$ _____

Local Transportation: (taxi, bus, etc.)..... \$ _____

Please indicate any expenses for which you are waiving reimbursement.

OFFICE USE ONLY: ACTUAL EXPENSES.....\$ _____

TOTAL ANTICIPATED EXPENSES:..... \$ _____

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Employee's Signature Date

Supervisor's Approval Date

Administrator's Approval Date Funding