

# DEARBORN HEIGHTS SCHOOL DISTRICT #7

## PROFESSIONAL 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.

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