



**Mount Gilead Exempted Village School District  
Professional Meeting Request Form  
Complete top portion of this form prior to your meeting**

Requested by (employee): \_\_\_\_\_  
 Job Title / Program \_\_\_\_\_  
 Building Assignment \_\_\_\_\_  
 Name of Meeting / Conference \_\_\_\_\_  
 Registration "payable to" \_\_\_\_\_  
 Date(s) of Meeting / Conference \_\_\_\_\_ Location (city) \_\_\_\_\_

**All meeting expenses, including mileage, must be requested on this form along with your completed registration. You may not use funds to pay for CPR, CAP, or First Aid training.**

Registration Fee \$ \_\_\_\_\_

**Substitute Needed** - It is your responsibility to make arrangements for a substitute.

*\*Employee is responsible for registering. A copy of registration form must be attached & received 2 weeks prior to deadline for registration in order to be paid by MGEVSD. A copy of conference overview should also be submitted.*

*\*If there is no registration fee for the meeting, employee is responsible for submitting their own registration after approval is received.*

*\*Membership dues and CEUs are to be paid by employee to the organization – do not include these in registration fee.*

*\*Please circle or highlight on the registration form to whom check is to be made payable and the mailing address for the payment.*

**Estimated reimbursable expenses:**

Travel / Parking \$ \_\_\_\_\_ based on .545 cents per mile or other rate: \_\_\_\_\_  
 Meals \$ \_\_\_\_\_ allowable with overnight stay only - \$35 limit per overnight stay  
 Lodging \$ \_\_\_\_\_ list date(s) of stay \_\_\_\_\_ - \$80 per night/max  
 \*complete lodging above if employee is paying and requesting reimbursement for lodging (share rooms when possible)

**Please note: Breakfast will not be reimbursed on the day of departure and dinner will not be reimbursed on the day of return. No charges for alcohol shall appear on any receipt submitted for reimbursement. No tax will be reimbursed.**

**Complete hotel information below only if check is to be processed by MG for lodging:**

Name of hotel \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 List date(s) of stay \_\_\_\_\_  
 Confirmation # \_\_\_\_\_  
 Exact amount for hotel \$ \_\_\_\_\_

**\*Hotel reservation must be made by employee with confirmation # required – receipt must follow upon return.  
 MG will process check & tax exemption form and will forward to you before your departure.**

**EMPLOYEE SPECIAL INSTRUCTIONS**

**Must be completed in order to process**

Please check appropriate item(s)

- \_\_\_\_ Copy of completed registration form and conference overview with a fee is attached, please process
- \_\_\_\_ I will register, pay fee and request reimbursement (for all on-line registrations or past deadline or processing)
- \_\_\_\_ I will register, MG please pay the fee directly
- \_\_\_\_ No registration fee, I will register
- \_\_\_\_ Sharing room with \_\_\_\_\_
- \_\_\_\_ This is an MG event. There is no registration fee required.
- \_\_\_\_ This is an SST event. There is no registration fee required.

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

\_\_\_\_ I have confirmed that all required information and attachments are complete.

\_\_\_\_\_  
 Approval of Supervisor (indicates approval for attendance & preliminary budget) \_\_\_\_\_ Date \_\_\_\_\_

Additional Info:

\_\_\_\_\_  
 Approval of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

***A "PROCESSED" copy of this form will be e-mailed to employee after approval & processing.  
 emailed to employee \_\_\_\_\_***