

**McCORMICK SCHOOL DISTRICT  
REQUEST TO ATTEND OFFICIAL MEETING / CONFERENCE**

NAME  SCHOOL/DEPARTMENT

OFFICIAL MEETING

BUSINESS PURPOSE FOR ATTENDING

MEETING LOCATION  MEETING DATES

**ESTIMATE OF EXPENSES**

*Calculate to + from!*

REGISTRATION PAYABLE TO  AMOUNT \$

TRAVEL AUTO  miles X .555¢ per mile AIR  VENDOR:  AMOUNT \$

LODGING VENDOR: *If you need this, attach information*  
DAILY RATE  X  DAYS  AMOUNT \$

MEALS  
Expected Departure: Day:  Time:   
Expected Return: Day:  Time:  AMOUNT \$

**OTHER EXPENSES:**

Phone Calls	\$ <input type="text"/>	Parking	\$ <input type="text"/>
Rental Car	\$ <input type="text"/>	Ground Transportation	\$ <input type="text"/>
Baggage Handling	\$ <input type="text"/>	Non-Meal Gratuities	\$ <input type="text"/>
		Other	\$ <input type="text"/>
			Amount for Other \$ <input type="text"/>

BUDGET TO CHARGE:  ESTIMATED TOTAL \$

Employee Request Advance\* Yes No   Employee Signature

APPROVED DIRECTOR/PRINCIPAL  DATE

APPROVED SUPERINTENDENT  DATE

\*Circle all amounts to be prepaid. Amounts not prepaid will require this form attached to a completed Travel Reimbursement Request upon employee's return. Approved form must be submitted to Accounts Payable for payment. Normal A/P deadlines will apply.

➔ AN ACCOUNT SETTLEMENT FOR TRAVEL MUST BE FILED WITHIN FIVE WORKDAYS OF THE EMPLOYEE'S RETURN. RECEIPTS ARE REQUIRED. ⬅