

**Gallia-Vinton Educational Service Center
Request for Permission to Attend a Professional Meeting**

To be submitted prior to the Professional Meeting.

Employee Name: _____

Date Submitted: _____

Position: _____

PROFESSIONAL MEETING

Name: _____

Type: _____

Reason for Attending: _____

Date(s) and Place: _____

Date(s) of absence from duty involved in request: _____

ESTIMATED TRAVEL EXPENSES

Car/Air \$ _____
(IRS Reimbursable Rate)

OR

No expense to the ESC

Registration \$ _____

Meals \$ _____
(Not to exceed \$30/day)

Lodging \$ _____

Miscellaneous \$ _____

Total Estimated \$ _____
Cost

Signature of Applicant

Approved _____

Disapproved _____

Signature of ESC Superintendent

Reasons for Disapproval: