

BARBOUR COUNTY BOARD OF EDUCATION

45 School Street
Philippi, WV 26416

Professional Meeting Request Form

INSTRUCTIONS: Please complete this form in its entirety any time you are away from your regular duty excluding personal leave and sick leave. This form must be prepared and submitted to the Central Office Administrator in charge of the funding that is supporting the professional leave through the employee's immediate supervisor. NO FORMS ARE TO BE SUBMITTED TO the Superintendent's Secretary.

Name of Person at County Office Responsible for Expense: _____

Employee's Name: _____

Employee's Location: _____

Name/Purpose of Meeting: _____

Location of Meeting: _____

Date(s) of Meeting: _____ No. of Students Attending: _____

Employee's Official Capacity: _____

Invited or Delegated by: _____

Anticipated Expenses

(*All receipts for all costs must be in detail. Summaries cannot be accepted)

Table with 4 columns: Expense Category, Total Estimated Cost, Others to pay, Board to pay. Rows include Meals, Lodging, Mileage, Air Fare, Registration Fees, Stipend, and Total.

Employee's Signature: _____ Date: _____

*Funding Codes must be approved in advance. No forms will be approved without this form being completed in its entirety.

[] Approved

[] Disapproved

Services of a Substitute Required? [] Yes [] No

Coverage Provided by School? [] Yes [] No

Funding CODE for Substitute: (funding code required) _____

Funding CODE for Expenses (travel, lodging, etc.): _____

Comments: _____

Supervisor's Signature: _____ Date: _____

*****Board Action*****

[] Approved

[] Disapproved

Date: _____

ONE APPROVED COPY MUST BE ATTACHED TO THE TRAVEL REIMBURSEMENT FORM