

# TRI-COUNTY EDUCATIONAL SERVICE CENTER

## MEETING ATTENDANCE APPROVAL REQUEST

*(Conventions, Conferences, Workshops, College Coursework)*

NAME \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_  
(your name or the name of the organization to be reimbursed)

Approval requested for attendance at the following meeting:

---

---

Name of Organization \_\_\_\_\_

Place \_\_\_\_\_

Date of Meeting \_\_\_\_\_

Estimated Expense: Lodging \_\_\_\_\_

Meals \_\_\_\_\_ (Maximum \$20 per day)

Transportation \_\_\_\_\_

Other (explain) \_\_\_\_\_

Total \_\_\_\_\_

Please note: Original, itemized receipts are required for your reimbursement.

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

---

---

### ADMINISTRATIVE APPROVAL/SIGNATURES

			Approved	Not Approved
Immediate Supervisor	_____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Director	_____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Superintendent	_____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>

File a separate request for each meeting