

Moore Public Schools

Request to Attend Out of District Meeting

- Completion of this form is required when the event/activity is outside **Cleveland, Oklahoma, Canadian, Grady, McClain, Potawattomie, or Logan counties**. Notification and approval of immediate supervisor is required for any activity or event that takes you away from your daily duties.
- All approvals must be obtained at least 30 days prior to travel date for in state travel.
- All approvals must be obtained at least 60 days prior to travel date for out of state travel.
- One name per sheet. If more than five are traveling together, fill out one sheet and attach a list of participants.

Date of request _____	Employee's name _____
Site/Dept./Assignment _____	Name of meeting _____
Date(s) of meeting _____	City & State of Meeting _____
Departure date & time _____	Return date & time _____
Purpose for attending meeting _____	
Dissemination of information (to whom and how) _____	

THIS SECTION MUST BE COMPLETED – APPLICATION WILL NOT BE CONSIDERED IF INCOMPLETE. ANY EXPENSES NOT REQUESTED ON THIS FORM WILL BE DISALLOWED.

*Estimated total expenses				
	Cost Per Person	No. Attending (if more than 5)	Total Cost	
			General Fund	School Activity
Registration fee		x	=	=
Lodging ³		x	=	=
Incidentals ¹		x	=	=
Transportation ²		x	=	=
Rental Car		x	=	=
Per Diem (Meals)		x	=	=
Total				

¹parking, tolls, shuttles

² airfare personal car school vehicle other

³Rooming with (write in name) _____

Expenses to be paid by (check appropriate area):		
School Activity (write in project #)		<input type="checkbox"/>
School budget (write in project #)		<input type="checkbox"/>
Departmental budget (write in department & project #)		<input type="checkbox"/>
Professional Development site budget (must be pre-approved)		<input type="checkbox"/>
Professional Development District budget (must be pre-approved)		<input type="checkbox"/>
Reimbursed by outside organization (list name)		<input type="checkbox"/>
Self		<input type="checkbox"/>

Specific expenses in excess of 10% over approved amount will be disallowed.

NOTE: No payment will be made for unauthorized expenses

(check one)

Administrator's signature

Elementary Dir./Secondary Dir./Athletic Dir. signature

Purchasing Agent's signature

Superintendent's signature

Employee's signature

Date

Date

Date

Date

Administrator – Please check

Request approved	
Request denied	
Without loss of pay	
With loss of substitute pay	
With loss of full pay	

OFFICE USE ONLY

Date rec'd		Board approval (if applicable)	
Date rtn'd		Date	
Rtn'd to			

Type of leave requested (check one)

Professional Development	
Professional Enrichment (district days allotted to site)	
Personal Business	
Other (list)	