

**Covington Community School Corporation
Professional Leave Request Form**

Complete the form and submit to building administration. Forms should be submitted at 12 calendar days prior to the event. Upon completion of the event you will need to complete the reimbursement form as well as submit verifying receipts for to receive your reimbursement.

Employee Name: _____ Date Submitted: _____

Building (Circle one): ES MS HS Conference Date(s): _____

Conference/Meeting Name: _____

Location: _____

	Est. Cost	Reimbursed
Mode of Travel		
Car Est. Mileage <u>0.655</u> @	\$ _____	\$ _____
Plane	\$ _____	\$ _____
Other	\$ _____	\$ _____
Lodging per day	\$ _____ x days = \$ _____	\$ _____
Meals: Breakfast \$10.00*	\$ _____	\$ _____
Lunch \$15.00	\$ _____	\$ _____
Dinner \$25.00*	\$ _____	\$ _____
Parking	\$ _____	\$ _____
Registration	\$ _____	\$ _____
Total Cost	\$ _____	\$ _____
Substitute Required Yes No No. of Days _____		
*Breakfast and Dinner will only be reimbursed on an approved overnight stay.		

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_____ Approved Administrator _____

_____ Not Approved Reason _____

Travel Approval

Reimbursement Approval

Building Administrator

Superintendent

Superintendent

Treasurer

Please complete and submit the Expense Reimbursement Form within 10 days after you return. **You must submit/attach paid itemized receipts to be reimbursed.** Failure to submit all necessary receipts and forms in a timely fashion will result in delay and potential loss of reimbursement. Personal expenses (alcohol) cannot be reimbursed.

Mileage must be reported on a Mileage Claim form with odometer readings "TO/FROM" to be reimbursed.

EXPENSE REIMBURSEMENT FORM

NAME: _____

ADDRESS: _____

SCHOOL: _____

Date of Conference:

Description	Date	Date	Date	Date	Date
Breakfast \$10.00 max					
Lunch \$15.00 max					
Dinner \$25.00 max					
Parking					
Lodging					
Travel Airfare					
Registration					
Mileage @ \$0.655/mile					
Totals					

Total Fees pre-paid and on Corporate Credit Card \$ _____

Total Reimbursement Requested paid to Employee \$ _____

I hereby certify that the foregoing is just and correct; that the amount is legally due, after allowing all just credits, and that no part of the same has been paid.

DATE _____

CLAIMANT SIGNATURE _____

DATE _____

ADMINISTRATOR SIGNATURE _____