MADISON LOCAL SCHOOL DISTRICT
PROFESSIONAL LEAVE REQUEST (For Travel before 1-1-2019)

1. Submit to Principal for approval and forwarding at least two weeks prior to date requested.
2. Within ten days of return, applicant must submit a completed expense report with original receipts and the pink copy of the purchase order to the Curriculum Director for approval.

Name:_____ **Bldg:**_____ **Date:**_____

Description of Event: _____

Location:_____ **Date of Event:**_____

Check if sub is needed: **Yes** _____ **1/2 Day A.M.** _____ **Full Day** _____
No _____ **1/2 Day P.M.** _____

Estimated Expenses

Registration Fee ..... _____

Lodging .... _____

Parking/Meals/Other ... . _____

Personal Vehicle Mileage:..... .... _____
(2018 Reimbursement rate 545¢ cents per mile) .....

Circle Transportation (air, taxi, etc.)..... _____

TOTAL TRAVEL COST ..... _____

Applicant's Signature:_____ **Date:**_____

Principal:_____ **Date:**_____

Superintendent/Designee:_____ **Date:**_____

Sub (if appl.) $_____

Sub Fund Source:_____ **Travel & Reg. Fund Source:**_____

REGISTRATION

Send check with reg. form attached:_____ **Reg. has been taken care of. They will bill us:**_____

Individual will pay for registration and request reimbursement on expense report:_____

LODGING

(We will need the receipt for this check upon your return!)

Hotel:_____ **Address:**_____

Total Cost:_____**(This is the cost without State of Ohio tax for lodging in Ohio as well as Columbus City tax for lodging in Columbus. We will give you the tax exempt forms to take with you.)**

Person Requesting Check:_____ **Date of Event:**_____

Date Check Needed:_____ **Pick Up Check in Treas. Ofc:**_____ **Send to Bldg:**_____

Approval:_____ **Acct. # or P.O. #:**_____