

**MADISON LOCAL SCHOOL DISTRICT**  
**PROFESSIONAL LEAVE REQUEST (For Travel after 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:..... \_\_\_\_\_  
 (2019 Reimbursement rate 58¢ 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. #: \_\_\_\_\_