

Porter Township School Corporation

REQUEST FOR PROFESSIONAL LEAVE

Professional leave requests must be received in the Principal's Office at least 10 days in advance of the professional leave day to be taken.

Staff Member	SAMPLE		Building	
Type of Meeting	Date(s)			
Please list ALL expenses assor with this trip. It' to overestimate cannot pay any more than what listed in this col Submit to your Principal and ke copy for your re-	teacher? Yes [yes [yes yes y	column with the amount of money you spent (not to exceed the amount filled in for "Expenses Anticipated"). Send to CO with itemized receipts and mileage reimbursement form	ct the busing to submitt in your approved reimbursement amounts UM PER MEAL	
2. NO REMBU	URSEMENT FOR TIPPING, VAURSEMENT WITHOUT ITEM Expenses Anticipated	ALET PARKING, OR ALCO	Amount Approved	
Registration Fee	\$129.00	\$0 - corp paid	\$0	
Mileage	66 X \$0.70 = \$46.20	\$46.20	\$46.20	
Meals	\$100.00	\$87.25	\$87.25	
Parking	\$90.00	\$90.00	\$90.00	
Lodging	\$219.00	\$219.00	\$219.00	
TOTALS	\$584.20	\$442.45	\$442.45	
*mileage is reimbursed at the current IRS rate Staff Member Signature Date				
☐ Approved ☐ Denied Principal Signature			_ Date	
_			Date	
☐ Approved ☐ Denied			Data	



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Staff Member			Building		
Type of Meeting	Date(s)				
Location of Meeting					
Does your leave require a s	days?				
confirm the availabil		e funding source prior	to submitting this form.		
Will you be requesting reim	nbursement? Yes No	If yes, what is the fundi	ng source?		
 MEAL ALLOWANCE- \$50.00 MAXIMUM PER DAY / \$30.00 MAXIMUM PER MEAL NO REIMBURSEMENT FOR TIPPING, VALET PARKING, OR ALCOHOLIC BEVERAGES NO REIMBURSEMENT WITHOUT ITEMIZED RECEIPTS 					
	Expenses Anticipated	Reimbursement Requested	Amount Approved		
Registration Fee					
Mileage					
Meals					
Parking					
Lodging TOTALS					
Staff Member Signature			Date		
☐ Approved ☐ Denied Principal Signature	Date				
☐ Approved ☐ Denied CFO Signature			Date		
☐ Approved ☐ Denied Superintendent Signature	:				