

**BLUFFTON-HARRISON METROPOLITAN SCHOOL DISTRICT
805 E. Harrison Street
Bluffton, Indiana 46714**

REQUEST FOR APPROVAL FOR ATTENDANCE OF A PROFESSIONAL ACTIVITY

Name _____ Position _____
School _____ Date of Request _____

1. I request permission to attend:
 - A. Conference of Educational Activity _____
 - B. Location of the Activity _____
 - A. Date(s) of the Activity _____
 - B. Date and Time of Departure _____
 - C. Date and Time of Return _____
 - D. Are you a member of the sponsoring group? Yes ___ No ___
 - E. Is a substitute teacher required for your assignment? Yes ___ No ___

Account Number to be paid from _____

2. I will possibly incur the following expenses:
 - A. Auto Travel _____ Miles @ _____ = _____
 - B. Bus or Air Travel Cost (if applicable) _____
 - C. Registration Fee _____
 - D. Lodging (single occupancy) _____
 - E. Stipend _____
 - F. Other (see GCBDF-R1 for guidelines) _____

Total _____

Less Reimbursement from other Source _____

Total Request from the District _____

Account Number to be paid from _____

Signature of Applicant _____

3. Action:
 - A. This request has been reviewed by _____
Signature - Building Principal
 - B. By the Superintendent
 1. Request for Permission for Attendance _____ Approved _____ Disapproved
 2. Request for Reimbursement _____ Approved _____ Disapproved

Date _____
Superintendent of Schools

An itemized claim form must be completed for reimbursement. See printed guidelines.