

KENTON CITY SCHOOLS
MEETING REQUEST FORM

Name _____ Today's Date _____

Building _____

Dates of Meeting _____

Place of Meeting _____

Reason for Attending _____

**IF APPROPRIATE, I WILL SHARE INFORMATION FROM THIS CONFERENCE WITH
OTHER STAFF/BUILDINGS**

Note: Personal telephone calls and/ or alcoholic beverages will not be reimbursed.

Approximate Miles Involved _____ @ **.50** per mile _____

Approximate Cost of Meals (Maximum of \$15.00 per day)
(Appropriate documentation is a register tape) _____

Approximate Cost of Registration _____

Motel Cost (Maximum of \$75.00 per day, including taxes)
(Receipts Required) _____

Parking Cost (Receipts Required) _____

TOTAL COST _____

Limits on cost reimbursement are necessary in order to make budgeted amounts go as far as possible.

_____ No Sub Needed or Check Appropriate Boxes Below:

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					
All Day					

Approved _____ Date _____
Principal

Approved _____ Date _____
Superintendent