

SUBMIT IN DUPLICATE

PLEASE PRINT

ASHTABULA COUNTY EDUCATIONAL SERVICE CENTER

**EDUCATIONAL CONFERENCE AND OUT-OF-COUNTY TRAVEL
REQUEST AND EXPENDITURE REPORT**

Name _____ Date of Request _____

I request permission to attend the _____
(Professional Meeting)
to be held in _____ on the following dates _____.
(city and state)

Departure date and time _____

Return date and time _____

<u>ESTIMATED EXPENDITURES</u>	<u>ACTUAL EXPENDITURES</u>
Travel _____	Travel _____
Lodging _____	Lodging _____
Food _____	Food _____
*Registration _____ (Include a completed requisition if you prefer to have the ESC pay for your registration instead of your being paid back.)	Registration _____
Other _____	Other _____
Total _____	Total _____
_____ Signature – Employee	_____ Signature – Employee
Approved _____ Disapproved _____	Approved _____ Disapproved _____
_____ Signature of Superintendent	_____ Signature of Superintendent

If disapproved, state reasons: _____