

EDUCATIONAL SERVICE CENTER OF NORTHEAST OHIO

Essex Place

6393 Oak Tree Blvd., Independence, OH 44131

Phone: 216-524-3000 Fax: 216-524-3683

REQUEST FOR PROFESSIONAL TRIP

(Request permission to attend the following described professional meeting)

Please print the following:

Name	_____	Date of Request	_____
Home Address	_____	E-Mail	_____
<i>Include City & Zip</i>	_____	Address	_____
School District	_____	Position	_____
<i>(Work Location)</i>	_____	Cell Phone	_____
Daytime Phone	_____	Place of Meeting	_____
Meeting Name	_____	Date(s) of Trip	_____
Reason for trip	_____		

Will this become a part of your Individual Professional Development Plan?
(If so, fill out application and submit to LPDC)

Yes	No
Yes	No

ODE Required?

Estimated Expenses:

Please note: Receipts are needed for:

lodging, registration, parking, travel on common carriers, airport limos or vans/buses.

Conference registration costs of \$50.00 may be prepaid upon submission of documents completely filled out indicating registration charges.

Registration			
<i>Please indicate if you want the ESC to prepay?</i>	Yes	No	_____
Number of Miles at .56 cents/mile			_____
<i>(Mapquest required for mileage reimbursement)</i>	_____	=	_____
Other (parking, tolls, etc.) Receipts Required			_____
Lodging (receipts required)			_____
Meals (detailed receipts required)			_____
Miscellaneous (receipts required)			_____
	Total		_____

- Approved**
- Not Approved – Reason** _____

Signature of Building Principal/Supervisor

ESC Office REQ# _____
