

**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:

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

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

*Please indicate if you want the ESC to prepay?*    Yes    No    \_\_\_\_\_

Number of Miles at .67 cents/mile  
*(Mapquest required for mileage reimbursement)*    \_\_\_\_\_    =    \_\_\_\_\_

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# _____
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