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 AddressInclude City & Zip |  | E-Mail Address |  |
| School District(Work Location) |  | Position |  |
| Daytime Phone |  | Cell Phone |  |
| Meeting Name |  | Place of Meeting |  |
| Reason for trip |  | Date(s) of Trip |  |

|  |  |  |
| --- | --- | --- |
| **Will this become a part of your Individual Professional Development Plan?****(If so, fill out application and submit to LPDC)** | *Yes* | *No* |
| **ODE Required?** | *Yes* | *No* |

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 .70 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**

*ESC*

*Office REQ# \_\_\_\_\_\_\_\_\_*

#####

##### **Signature of Building Principal/Supervisor**

*Effective July 2025*