

**EDUCATIONAL SERVICE CENTER OF NORTHEAST OHIO**

6393 Oak Tree Blvd., Independence, Ohio 44131

Phone: 216-524-3000 Fax: 216-446-3829

***Pre-Paid Expense Request***  
**(Request permission to attend the following described professional meeting)**

Name \_\_\_\_\_ Date of Request \_\_\_\_\_  
*(Please Print)*

Home Address \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
School District (work location) Position Daytime Phone

Meeting \_\_\_\_\_ Place of Meeting \_\_\_\_\_

Reason for trip \_\_\_\_\_

\_\_\_\_\_ Date(s) for trip \_\_\_\_\_

**Pre-Paid Expenses**

*Please note:*

*Receipts are needed for: lodging, registration, airfare.*

**Registration** *(receipts required)* \_\_\_\_\_

**Airfare** *(receipts required)* \_\_\_\_\_

**Lodging** *(receipts required)* \_\_\_\_\_

**Other** *(receipts required)* \_\_\_\_\_

**Total** \_\_\_\_\_

- Approved**  
 **Not Approved – Reason** \_\_\_\_\_

\_\_\_\_\_  
Signature of Director