

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