PLEASE PRINT

ASHTABULA COUNTY EDUCATIONAL SERVICE CENTER

PROFESSIONAL LEAVE TRAVEL REQUEST AND EXPENDITURE REPORT

Name_____ Date of Request _____

I request permission to attend the _____
(Professional Meeting)
to be held in _____ on the following dates _____.
(city and state)

Departure date and time _____ Return date and time_____

ESTIMATED EXPENDITURES	**ACTUAL EXPENDITURES**
Travel _____	Travel _____
Lodging _____	Lodging _____
Food _____	Food _____
*Registration _____ (Include a completed requisition if you prefer to have the ESC pay for your registration.)	Registration _____
Other _____	Other _____
Total _____	Total _____
	RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT
_____ Signature of Employee	_____ Signature of Employee
_____ Signature of Authorized District Administrator	_____ Signature of Authorized District Administrator
Approved _____ Disapproved _____	Approved _____ Disapproved _____
_____ Signature of E.S.C. Superintendent	_____ Signature of E.S.C. Superintendent

If disapproved, state reasons: _____

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