

Tiffin City Schools

Professional Meeting Request Form – Athletic Department

COMPLETE FRONT PAGE OF THIS FORM PRIOR TO THE MEETING.		
Requested by (employee)		<p>All meeting expenses, including mileage, must be requested on this form, along with your completed registration, three (3) weeks prior to the meeting.</p> <p>Maximum yearly meeting expenses are not to exceed \$300 per person, per conference. This includes registration, mileage, parking/tolls, meals, and lodging.</p>
Building assignment		
Name of meeting/conference		
Registration “payable to”		
Dates of meeting/conference		
Location		
Registration Fee	\$	

The completed registration form must be attached and received three (3) weeks prior to the registration deadline. **Please circle or highlight on the registration form to whom the check is to be made payable and the mailing address.**

Membership dues, CEUs, and spousal expenses are to be paid by the employee. The Board will not reimburse any part of a conference for graduate credit. **Original receipts, dated and itemized,** are required for any reimbursements.

ESTIMATED REIMBURSABLE EXPENSES:

Lodging	\$	\$100/night maximum – no reimbursement for one-day conferences within 100 miles of Tiffin
Mileage	\$	Multiply number of miles x \$0.555 – maximum of 400 miles round trip or \$222
Parking/tolls	\$	Reasonable fees, must have detailed receipts
Meals	\$	\$25 per day maximum and \$12 per half-day maximum. 15% gratuity is allowed. Meal reimbursements for one-day events that do not include an allowable overnight stay are considered taxable fringe benefits under federal law, therefore will be reimbursed through payroll so the required employee and employer taxes are paid.
Airfare	\$	\$222 or equivalent to 400 miles round trip by automobile, unless you have been selected to make a presentation (assuming sponsoring organization will not be reimbursing you) or you are representing TCS in a District-wide project
Total Expenses	\$	\$300 per person maximum (from General Fund), per conference, including registration. The amount you record for EACH of your “estimated expenses” will be the MAXIMUM amount you will be reimbursed.

Hotel Information:

Please note:

Hotel name	
Address	
City, State, and Zip Code	
Telephone number	
List date(s) of stay	
Confirmation number	
Exact amount for hotel	

1. Employee must make hotel reservations. The confirmation number is required on this form.
2. TCS will process check and tax exemption form and they will be forwarded to the employee before departure.

Employee’s Signature	Date	Director’s Signature
I have confirmed that all required information and attachments are complete.		Date
Principal/Supervisor’s Signature	Date	Fund number to be used in paying for conference expenses provided by Supervisor/Director and then approved by Treasurer

Please note: A “processed” copy of this form will be electronically forwarded to the employee and secretary after approval and processing. The employee must use the back of the “processed” form to request reimbursement after attending the event.

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REIMBURSEMENT REQUIREMENTS:	
1.	Reimbursement request must be submitted within five (5) days of your return.
2.	Original receipts, dated and itemized , are required for any reimbursements. Meal reimbursements for one-day events that do not include an allowable overnight stay are considered taxable fringe benefits under federal law, therefore will be reimbursed through payroll so the required employee and employer taxes are paid.
3.	A “Map Quest” document must be submitted with mileage reimbursement request.
4.	A written evaluation of conference is required explaining how the students or staff of our District may benefit from your attendance at this conference.

ACTUAL REIMBURSABLE EXPENSES:		Name of person(s) with whom expense was shared and how:	
Lodging	\$		
Traveled miles x \$0.555	\$		
Parking/tolls	\$		
Meals	\$		
Registration fee	\$		
Airfare	\$		
Total amount requested	\$		
The reimbursements are true and correct to the best of my knowledge.		I have confirmed that all required information and attachments are complete.	
Employee’s Signature	Date	Principal/Supervisor’s Signature	Date

	If this meeting was cancelled or you did not attend, please check the box to the left, sign, and return the processed form to the Administration Building.
Employee’s Signature:	

MEAL EXPENSE DETAIL REPORT					
Original receipts (dated and itemized) are required for reimbursement. Meal reimbursements for one-day events that do not include an allowable overnight stay are considered taxable fringe benefits under federal law, therefore will be reimbursed through payroll so the required employee and employer taxes are paid.					
	Day 1	Day 2	Day 3	Day 4	Day 5
Date <small>(Month/Day/Year)</small>					
Breakfast					
Lunch					
Dinner					
Daily Totals					
Minus excess of \$25.00 maximum					
Allowable Total					