

BELPRE CITY SCHOOL DISTRICT PROFESSIONAL LEAVE REQUISITION

DATE SUBMITTED _____

P.O. NUMBER _____

P.O. DATE _____

Employee Vendor Number: _____

Conference Location: _____

Employee Name & Address _____

Conference Name: _____

Date(s): _____

Qty	Unit	Item Description	Unit Price	Total Price
		Registration (if paid by attendee)		
		Meals (# days X \$40 unless included in registration)		
		Lodging (# nights X \$100 double; \$130 single)		
		Mileage (# miles X current IRS rate; \$225 limit)		
		Airfare		
		Parking		
			Total:	

Fund	Func	Obj	SCC	Subject	OPU	IL	Job	Amount

Registration information (if paid by district)

Vendor Number: _____

P.O. NUMBER _____

P.O. DATE _____

Vendor Name & Address _____

Qty	Unit	Item Description	Unit Price	Total Price
		Registration (if paid by district)		

Fund	Func	Obj	SCC	Subject	OPU	IL	Job	Amount

Total: _____

Requested by: _____

Building/Department: _____

Approved: ____ Yes ____ No

Principal/Supervisor Signature

Approved: ____ Yes ____ No

Director of Instruction Signature