Today's Date:

## Montezuma-Cortez School District RE-1 Professional Leave/Travel Request Form

It is requested that	Professional Leave/Travel Process		
After District review and approval, the request will be submitted to the Business Office for check processing     All checks will be cut according to the Business Office for expenses other than per diem (i.e. baggage, parking, etc.)  Please list only one person per form     t is requested that be authorized to take professional leave to attend     a professional development opportunity.     Dates: a professional development opportunity.     City: Sub Needed: (Receipts Required)     POd: Sub Needed: Prone # of of Proson Traveling (Receipts Required)     POd: Principal/Supervisor Date (Crice One) Central Administration Date         Hotel Reservation         (Receipts Required)     Pod: Prone # of Of Payment: (Receipts Required)     POd: Prone # of Of Payment: Phone: ( State: Zip:     Address: City: State: Zip:     Address: City: State: Zip:     Address: City: Phone: ( State:Zip:     Address: City: State:Zip:     Pod: Nethod of Payment: Phone: AMOUNT TO BE PAID: \$     Transportation Information         (Inst form dees not rereve a velidie)     I have submitted a request to the Transportation Dept     Pod:			
<ul> <li>All checks will be cut according to the Business Office's weekly schedule and then returned to the site for distribution</li> <li>Receipts or unspent money must be returned to the Business Office for expenses other than per diem (i.e. baggage, parking, etc.)</li> <li>Please Bits only one person per form</li> <li>It is requested that a professional development opportunity.</li> <li>Dates: a professional development opportunity.</li> <li>A Per Diem of \$ is requested (Maels Only. Daily per diem is \$50.00 for 3 meals &amp; 325.00 for 3 meals - No receipts needed for food)</li> <li>Other Expenses (i.e. luggage, shuttle, parking) \$ (Receipts Required)</li> <li>POH: Sub Needed: Paproved/Denied: (Receipts Required)</li> <li>POH: Continental Breakfast? (Receipts Required)</li> <li>Hotel: Continental Breakfast? (Receipts Required)</li> <li>POH: Method Of Payment: Continental Breakfast? (Receipts Required)</li> <li>POH: Method of Payment: Conference Registration/Other</li> <li>Organization: City: State: Zip:</li> <li>Please attach Registration Form - To avoid duplication, please indicate if you have olready registered by:</li></ul>			
Please list only one person per form         It is requested that			
It is requested that			
	Please list only one person per form		
City:			
City:State:Zip:Phone # of Person Traveling:			
A Per Diem of \$	Dates:	Phone # of Porcen Traveline:	
Other Expenses (i.e. luggage, shuttle, parking) \$			
PO#:			
Approved/Denied:       Approved/Denied:       Central Administration       Date         (Cricle One)       Central Administration       Date         Hotel Reservation (Please request tax exempt status in Colorado)       Hotel:			
Principal/Supervisor       Date       Circle One)       Central Administration       Date         Hotel Reservation (Please request tax exempt status in Colorado)         Hotel:       Phone: (	513 nccucu.		
Principal/Supervisor       Date       Circle One)       Central Administration       Date         Hotel Reservation (Please request tax exempt status in Colorado)         Hotel:       Phone: (			
(Please request tax exempt status in Colorado)         Hotel:			
(Please request tax exempt status in Colorado)         Hotel:	Hotel Reservation		
Reservation Confirmation #:       Continental Breakfast?         Check-in Date:       Check-out Date:         Other Expenses:       (Receipts Required)         PO#:       Method Of Payment:       AMOUNT TO BE PAID: \$         Conference Registration/Other       Organization:			
Reservation Confirmation #:       Continental Breakfast?         Check-in Date:       Check-out Date:         Other Expenses:       (Receipts Required)         PO#:       Method Of Payment:       AMOUNT TO BE PAID: \$         Conference Registration/Other       Organization:	Hotel:	Phone: ()	
Reservation Confirmation #:       Continental Breakfast?         Check-in Date:       Check-out Date:         Other Expenses:       (Receipts Required)         PO#:       AMOUNT TO BE PAID: \$         Conference Registration/Other       Organization:         Organization:       Phone: ()         Address:       City:         Please attach Registration Form - To avoid duplication, please indicate if you have already registered by:         Fax       Phone         PO#:       Method of Payment:         PO#:       Method of Payment:         Internet       AMOUNT TO BE PAID: \$         PO#:       Method of Payment:         Internet       AMOUNT TO BE PAID: \$         Internet       Internet         Internet       AMOUNT TO BE PAID: \$         Internet       AMOUNT TO BE PAID: \$         Internet       Internet         Internet       AMOUNT TO BE PAID: \$         Internet       AMOUNT TO BE PAID: \$         Internet       AMOUNT TO BE PAID: \$         Internet       Internet         Internet       AMOUNT TO BE PAID: \$         Internet       Internet         Internet       AMOUNT TO BE PAID: \$         Internet       AMOUNT TO BE PAID:			
Other Expenses:	Reservation Confirmation #:	Continental Breakfast?	
PO#:			
Conference Registration/Other         Organization: Phone: ()			
Organization:       Phone:      Phone:	PO#: Method Of Payment:	AMOUNT TO BE PAID: \$	
Address:	Conference Registration/Other		
Address:	Organization:	Phone: ()	
Please attach Registration Form – To avoid duplication, please indicate if you have already registered by:         Fax Phone Internet         PO#: Method of Payment:         Image: Company:         Image: Company:         PO#: Nethod of Payment:         Image: Company:         PO#: Method of Payment:         Image: Company:         Image: Po#: Po#:         Image: Po#:         Image: Po#:         Image: Po#:         Image: Po#:         Po#:         Image: Po#:         Po#:         Image: Po#:         Image: Po#:         Image: Po#:         Image: Po#:      <			
PO#:	Please attach Registration Form – To avoid duplication, please indicate if you have already registered by:		
Image: Construction of the image: Constructi			
(This form does not reserve a vehicle)         I have submitted a request to the Transportation Dept	PO#: Method of Payment:	AMOUNT TO BE PAID: \$	
I have submitted a request to the Transportation Dept I need a gas card I will not need transportation I had to reserve an external rental car Company: PO#: Method of Payment: MOUNT TO BE PAID: \$ <u>AMOUNT TO BE PAID: \$</u> <u>If using Airfare, complete the following</u> Airline: PO#: Ticket Amount: \$ Method of Payment: Ticket Amount: \$ Method of Payment: Notes: Per Diem \$ Hotel \$ Conference \$ Transportation \$			
I need a gas card			
I will not need transportation			
I had to reserve an external rental car         Company: PO#: Method of Payment:         AMOUNT TO BE PAID: \$         If using Airfare, complete the following         Airline:         PO#: Nethod of Payment:			
Company:       PO#:       Method of Payment:         AMOUNT TO BE PAID: \$         Airline:			
AMOUNT TO BE PAID: \$  If using Airfare, complete the following Airline: PO#: Ticket Amount: \$ Method of Payment: Mothod of Payment: AMOUNT TO BE PAID: \$  Notes: Per Diem \$ Hotel \$ Conference \$ Transportation \$			
Airline:         PO#:       Ticket Amount: \$       Method of Payment:         AMOUNT TO BE PAID:       \$         AMOUNT TO BE PAID:       \$         Notes:       Expense Summary         Per Diem \$       Hotel \$         Conference \$       Transportation \$			
Airline:         PO#:       Ticket Amount: \$       Method of Payment:         AMOUNT TO BE PAID:       \$         AMOUNT TO BE PAID:       \$         Notes:       Expense Summary         Per Diem \$       Hotel \$         Conference \$       Transportation \$	If using Airford and		
AMOUNT TO BE PAID: \$           Notes:         Expense Summary            Per Diem \$         Hotel \$            Conference \$         Transportation \$			
AMOUNT TO BE PAID: \$           Notes:         Expense Summary            Per Diem \$         Hotel \$            Conference \$         Transportation \$	PO#: Ticket Amount: \$ Metho	od of Payment:	
Per Diem \$         Hotel \$           Conference \$         Transportation \$			
Per Diem \$         Hotel \$           Conference \$         Transportation \$	Notes:	Expense Summary	
Conference \$ Transportation \$			
		Flight \$ Other \$	
Total \$			

Revised 8/18/2016