



**Out of Province Meeting(s)
Request to Attend Form**

To be completed by Employee Requesting Funds (a minimum of two weeks in advance):		
Name:	Date:	Location (Site):
Name of Meeting:		
Meeting Purpose:		
Location of Meeting:	Date(s) of Meeting:	
Other Staff Attending (if applicable):		
Description of how meeting relates to Division/School/Department Goals:		
Describe how attendance at this meeting will contribute to or improve student learning, assignment or job responsibilities:		

Estimated Funds Requested (refer to AP 40-24 for allocation amounts):	
Travel Cost:	\$ _____
Accommodation Cost:	\$ _____
Meal Cost:	\$ _____
Substitute Cost:	\$ _____
Other related costs:	\$ _____
TOTAL COSTS:	\$ _____
The auditors require that all receipts for approved costs associated with Out of Province Meetings be submitted with expense claims to Accounts Payable for reimbursement.	

To be completed by Supervisor:	
<input type="checkbox"/> I have reviewed this request to ensure it meets the guidelines identified in AP#40-24.	
<input type="checkbox"/> I support this request. Reason for support:	<input type="checkbox"/> I do not support this request. Reason for non-support:
Supervisor Name:	
Supervisor Signature:	Date:
To be authorized by Superintendent or Designate or Board Chair.	
Superintendent or Designate Signature:	Date: