

Private Schools - Request for Professional Leave

Form must be completed and approved prior to making reservations or traveling. Submit your reimbursement to Federal Programs no later than 5 days after your return or on the designated date in June. **This form follows CMCSS Travel Regulations ACC-R001.**

Name:	Account Requested:	Departure Date / Time:
Destination & Purpose:		Return Date / Time:

Estimated Travel Expenses

***All Professional Development MUST be requested at least 10 days BEFORE registration needs to take place.**

Airline Travel \$ _____

Airport Parking \$ _____

Car _____ Miles X _____ Rate \$ _____

Hotel \$ _____

Hotel Parking \$ _____

Meals (Including Tip) \$ _____

Registration \$ _____

Taxi/Rideshare/Shuttle Fare \$ _____

Other: _____ \$ _____

Total Estimated Expenses- \$ _____

If car-pooling, list person(s) you are riding with:

If sharing a hotel room, list person(s) you are sharing with:

Send this form, along with:

- *Purchase Request (Detailing Participants)
- *Description of the Training (From an Email or Website)
- *Completed Registration Form
- *Suggested Hotel and Flight Information
- *Copy of Traveler's Information Form and Photo of ID

To: **FederalPrograms@cmcss.net**

Signature Represents Approval -	Supervisor:	Date:
Signature Represents Approval-	CMCSS Federal Programs Director:	Date:

Federal Programs Use Only: Account Code: _____ Available Budget: _____

Date Verified: _____ Verified By: _____ 2nd Verification: _____