
Date filed

Approval Signature
Supervisor of Instruction

Approval Signature
Chief School Administrator

PROFESSIONAL VISITATION FORM

(Clinics, conferences, observations, workshops, visitation, etc.)

Name: _____

Visitation Date: _____

Location of Visitation: _____

Registration Fee: _____

(attach any documentation)

Professional Activity: _____

Is a substitute required?

_____ **Yes**

_____ **No**

How will this visitation improve our school?

Where applicable, the Supervisor of Instruction may request that the participant convey theme and content of visitation to selected staff personnel.

Please indicate if you have **paid a fee** and are requesting reimbursement

(note): Registration fees of \$150 or more require BOE prior approval

Milage _____
Tolls _____
Registration fee _____
Hotel _____

Reimbursement will be made only by:

1. Submitting a signed voucher for expenses, clearly defined, including receipts
2. Copy of this form with approval attached.

_____ I will (HAVE) register(ED) myself for this workshop and will submit for reimbursement

_____ Please register me for this workshop (All documentation is attached) (Business Office will issue a Purchase Order)