
Date Filed

Approval Signature
Supervisor of Instruction

Approval Signature
Superintendent

PROFESSIONAL VISITATION FORM

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

NAME _____

VISITATION DATE _____

LOCATION OF VISITATION _____
(ATTACH ANY DOCUMENTATION)

REGISTRATION FEE: _____

PROFESSIONAL ACTIVITY _____

ORGANIZATION AFFILIATED WITH THIS 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 THEM 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.)

Mileage _____

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)

White Copy-Business Office

Pink Copy-Supervisor of Instruction

Yellow Copy-Employee