

MERCER COUNTY SCHOOLS
Out of District Request Form

[Click here for current mileage rate information](#)

COMPLETE TOP SECTION PRIOR TO REGISTERING		PRIOR APPROVAL REQUIRED	
STAFF REQUEST TO ATTEND EDUCATIONAL CONFERENCE, WORKSHOP, MEETING OR STUDENT RELATED ACTIVITY			
REQUIRE A SUB? ENTER RED ROVER ABSENCE MANAGEMENT CONFIRMATION NUMBER HERE: _____			
NAME _____	Check one : <input type="checkbox"/> Certified <input type="checkbox"/> Classified		
WORK LOCATION _____	POSITION _____		
ACTIVITY _____	Check one: <input type="checkbox"/> P.D. Activity <input type="checkbox"/> (Non P.D.) Student Related Activity		
LOCATION OF ACTIVITY	DATE(S) OF ACTIVITY		
LEARNING FROM PD ACTIVITY WILL BE SHARED BY: (check all that apply) <input type="checkbox"/> Presenting at Faculty Mtg. <input type="checkbox"/> Sharing w/Team <input type="checkbox"/> Developing & Presenting Workshop <input type="checkbox"/> Other (describe) _____			
TOTAL ESTIMATED COST OF EVENT		BOARD DIRECT PAID (DO NOT REPORT ON REIMBURSEMENT)	EMPLOYEE REIMBURSED EXPENSES
MILEAGE - Rate: \$ - Miles: _____		\$ -	\$ -
REGISTRATION- (Attach quote. Dues/Membership Fees**)		\$ -	OR \$ -
LODGING - # OF NIGHTS (Attach quote/estimate) _____		\$ -	OR \$ -
FLIGHT- Attach quote (no upgrades/no insurance*)		\$ -	OR \$ -
FOOD - (Attach Meal Reimbursement Voucher - proof of overnight stay is required)		\$ -	OR \$ -
MISC.-Please list (Original receipts will be required)		\$ -	OR \$ -
		TOTAL \$ -	\$ -
<i>Overall Expected Total Cost: \$ -</i>			
FUNDING- After this form has been approved by the Superintendent, a requisition will need to be created for all individual aspects. Lodging, Flight, Registration, Incidentals, etc.			
CHECK ONE		<input type="checkbox"/> SBDM/DAF/SAF <input type="checkbox"/> TITLE I <input type="checkbox"/> TITLE II <input type="checkbox"/> TITLE IV <input type="checkbox"/> IDEA <input type="checkbox"/> PERKINS <input type="checkbox"/> LAVEC <input type="checkbox"/> FRYSC <input type="checkbox"/> OTHER (list)	
Budget Code _____			
EMPLOYEE SIGNATURE _____		DATE _____	
SUPERVISOR SIGNATURE _____		DATE _____	
SUPERINTENDENT SIGNATURE _____		DATE _____	
MUNIS PO #(s) _____			
COMPLETE EITHER THE MILEAGE & MEAL REIMBURSEMENT VOUCHER (FOR OVERNIGHT TRAVEL) OR THE TRAVEL EXPENSE REIMBURSEMENT FORM WHEN YOU RETURN (FOR TRAVEL THAT DOES NOT INCLUDE OVERNIGHT STAY)			

*Insurance is only allowable when students will also be travelling, and prior approval from the Superintendent has been obtained.

**Dues/Membership fees are not permitted unless they are included in the conference registration fee automatically.