## **EXPENSES ATTENDING PROFESSIONAL MEETING**

Name			Meeting Attended		
			Date(s) o	of Meeting Attended	
			Loca	ation	
Transportation miles @ 0.67 cents/mile (Please include a map quest to show mileage trave				\$ ed)	
Hotel (please attached receipt)				<u> </u>	
Registration fee, if any (please attach receipt)				\$	
Meals	Lunch	Break Lunch Dinner	Lunch		
ivieais	Break Lunch Dinner	Break Lunch Dinner	Break Lunch Dinner	  	
			TOTAL	\$	
Date Submitted for Payment					
Signature					
Address					
City/State/Zip Code					
Please submit this expense form and synopsis of professional meeting to:					
Buckeye 3436 Ed	tendent's Office e Local Schools Igewood Drive Ila, OH 44004	Ар	oproved:	Superintendent's Signature	
ASIIIaDU	iia, U⊓ 44004			 Date	

## **SYNOPSIS OF PROFESSIONAL MEETINGS**

Name	Building				
Meeting Attended	Date(s) of Meeting Attended				
Place	Date Submitted				
Information received and to share: (use a	dditional pages if needed)				
How I plan to share this information:					