

WOOD COUNTY SPECIAL EDUCATION SHARED SERVICES  
MINEOLA INDEPENDENT SCHOOL DISTRICT

1000 West Loop  
OFF: 903-569-2448 MINEOLA, TEXAS 75773 FAX: 903-569-5155

WORKSHOP/SEMINAR REQUEST FORM

Date: \_\_\_\_\_ ATTENDEE: \_\_\_\_\_

The employee named above requests permission to attend the workshop/seminar as described:

DATES OF WORKSHOP: \_\_\_\_\_ TRANSPORTATION MODE: \_\_\_\_\_

WORKSHOP TITLE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

E.T/D.D. MISD: \_\_\_\_\_ E.T/D.R. MISD: \_\_\_\_\_

SHARED TRANSPORTATION ARRANGEMENT: \_\_\_\_\_

SHARED LODGING ARRANGEMENTS: \_\_\_\_\_

ESTIMATED COSTS: Actual receipts required for reimbursement

Registration Fee:.....\$ \_\_\_\_\_  
(association dues and insurance is not eligible)

Lodging:.....\$ \_\_\_\_\_  
(\_\_ nights @ \$ \_\_\_\_\_) (\_\_ persons per room)

Meal(s):  
Breakfast: \_\_ @ \$7.50=\$ \_\_\_\_\_  
Lunch:.... \_\_ @\$10.00=\$ \_\_\_\_\_  
Dinner:... \_\_ @\$15.00=\$ \_\_\_\_\_

Total Meals:.....\$ \_\_\_\_\_

Substitute Costs: \_\_ days @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Mi. Request:.....mi.@ .53 = \$ \_\_\_\_\_

Other costs (specify) .....\$ \_\_\_\_\_

Total Expenditures:.....\$ \_\_\_\_\_

ATTENDANCE IS: \_\_\_\_ APPROVED; \_\_\_\_ DENIED. \_\_\_\_ Initials.

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Staff Development Coordinator

\_\_\_\_\_  
Business Manager

\_\_\_\_\_  
Superintendent

NOTE: SEE BACK OF THIS PAGE FOR SCHEDULE OF ALLOWABLE COSTS

The employee initiating this request will complete one form and submit for approval to the Staff Development Coordinator; the request then goes to the Immediate Supervisor and on to the central office. Approval or denial will be indicated on this form and a copy returned to the employee. A copy of this form, with all expenditure receipts, accompanied by a request for reimbursement, must be submitted to the business office for documentation upon return from the seminar.

SCHEDULE OF ALLOWABLE COSTS:

- . Maximum for lodging is \$85 per night per person (to exceed this amount, specific, prior permission will be necessary).
- . Maximum for meals is \$7.50 for Breakfast, \$10.00 for Lunch, and \$15.00 for Supper.

Those employees wishing to make application for Compensatory Time must attach the following documents:

- . Formal written request for Compensatory Time.
- . Agenda of meetings that will be attended.
- . Written synopsis of meeting content.
- . Proposed compensatory date(s).
- . Written explanation of how attendance at this seminar will benefit the students in your care at MISD.

NOTE: Association dues, personal insurance, or other miscellaneous services added into the "Fee Schedule" are not eligible as school expense; the employee must defray the cost of these items individually.

**MINEOLA INDEPENDENT SCHOOL DISTRICT  
TRAVEL EXPENSES CLAIM FORM**

TRAVELER \_\_\_\_\_ DATE \_\_\_\_\_

CAMPUS \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ DESTINATION \_\_\_\_\_

PURPOSE OF TRAVEL \_\_\_\_\_

MEALS (ATTACH TICKETS TO FORM):

BREAKFAST \$ \_\_\_\_\_ MAX PAID \$7.50 \$ \_\_\_\_\_

LUNCH \$ \_\_\_\_\_ MAX PAID \$10.00 \$ \_\_\_\_\_

DINNER \$ \_\_\_\_\_ MAX PAID \$15.00 \$ \_\_\_\_\_

FEES/DUES \$ \_\_\_\_\_

HOTEL (MAXIMUM \$85.00 INCLUDING CITY TAX) \$ \_\_\_\_\_

BUS DRIVING - \$ \_\_\_\_\_ @ \$15.00 PER TRIP \$ \_\_\_\_\_

MILEAGE - #miles \_\_\_\_\_ x \$0.53 per mile \$ \_\_\_\_\_

**ALL TRAVEL EXPENSES MUST BE PRE-APPROVED BEFORE REIMBURSEMENT  
WILL BE MADE.**

**TOTAL EXPENSE CLAIMED \$ \_\_\_\_\_**

Charge to Budget Account # \_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_

Asst Supt of Business \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED FOR PAYMENT \_\_\_\_\_ DATE \_\_\_\_\_**

Claims for unapproved expenses **WILL NOT** be paid. It is the employee's responsibility  
To acquire appropriate tax exempt forms. Paid state sales tax will not be reimbursed.

