

**BLUFFTON-HARRISON METROPOLITAN SCHOOL DISTRICT**  
**805 EAST HARRISON STREET**                      **BLUFFTON, INDIANA 46714**  
 OFFICE: (260) 824-2620                      FAX: (260) 824-6011  
 WEBSITE: <http://www.bhmsd.k12.in.us>

**REQUEST FOR APPROVAL FOR ATTENDANCE OF A PROFESSIONAL ACTIVITY**  
**OUTSIDE OF WELLS COUNTY, INDIANA**

Employee Name \_\_\_\_\_ Position \_\_\_\_\_  
 School \_\_\_\_\_ Date of Request \_\_\_\_\_

**1. I request permission to attend:**

- A. Conference of Educational Activity \_\_\_\_\_
- B. Location of the Activity \_\_\_\_\_
- C. Date(s) of the Activity \_\_\_\_\_
- D. Date and Time of Departure \_\_\_\_\_
- E. Date and Time of Return \_\_\_\_\_
- F. Are you a member of the sponsoring group?                      Yes                      No
- G. Is a substitute teacher required for your assignment?                      Yes                      No

**Account number to be paid from:** \_\_\_\_\_

**2. I will possibly incur the following expenses:**

- A. Auto Travel \_\_\_\_\_ Miles x \_\_\_\_\_ = \_\_\_\_\_
- B. Bus or Air Travel Cost (if applicable) \_\_\_\_\_
- C. Registration Fee \_\_\_\_\_
- D. Lodging (single occupancy) \_\_\_\_\_
- E. Stipend \_\_\_\_\_
- F. Other (see GCBDF-R1 for guidelines) \_\_\_\_\_

**Total**

**Less Reimbursement from other Source**

**Total Request from the District**

**Account number to be paid from** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_

**3. Action:**

a. This request has been reviewed by \_\_\_\_\_

Signature – Building Principal

b. By the Superintendent

1.	Request for Permission for Attendance	Approved	Denied
2.	Request for Reimbursement	Approved	Denied

**Superintendent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

An itemized claim form must be completed for reimbursement. See printed guidelines.

**Revised: December 30, 1987, September 25, 2007, December 2, 2013**  
**Reviewed: February 14, 2000**

**GUIDELINES FOR FACULTY TRAVEL REIMBURSEMENT**

1. All guidelines established below are subject to the availability of funds in building appropriations for conference attendance.
2. The guideline for approval of travel requests will depend upon the value the teacher's attendance will bring to the students of the Bluffton-Harrison Metropolitan School District. To achieve this end, teachers attending conferences under these guidelines may be requested to share their experiences with other faculty members or administrators.
3. Faculty travel funds are designed primarily for attending state meetings. However, consideration will be given to national conventions or regional conventions that take place in adjoining states.
4. Teachers desiring to be reimbursed for attendance at an educational conference should discuss the proposed attendance with the building principal and complete a travel request form obtained from the principal. No expense may be incurred until the request form is approved by the superintendent and returned to the teacher.
5. A mileage rate equal to the rate allowed by the Internal Revenue Service during the preceding tax year will be paid for approved travel; however, the odometer reading before and after the trip must be recorded on Form 101 issued by the State Board of Accounts for travel reimbursement.
6. An amount paid for mileage may not exceed the lowest air fare to the same location on the same date by more than twenty-five percent (25%).
7. Expenses for commercial travel may be reimbursed at the carrier's lowest fare rate in effect for the date and destination. Any additional costs will be the responsibility of the teacher.
8. If commercial travel arrangements are made, a receipt for the ticket must be included with the claim for payment before payment will be made.
9. If overnight accommodations are needed, the hotel receipt must be attached to the claim for reimbursement. If a spouse accompanies the teacher, the school district will allow the amount of a single room rate. Long distance telephone calls and miscellaneous expenses are the personal responsibility of the person attending the conference.
10. Registration fees will be paid if properly receipted.
11. If properly receipted, expenses for meals associated with the professional leave not included in the basic registration rate will be reimburse as follows:  
  
Breakfast -\$15.00  
Lunch - \$15.00  
Dinner - \$20.00
12. The use of the Corporation credit cards for expenses associated with professional leave negates any reimbursements to the employee.
13. Variances to any of the above provisions may be granted by the superintendent.

**Revised: 10/8/81, 5/23/85, 12/30/87, 4/24/95, 12/2/13**  
**Reviewed: February 14, 2000**