

Date Received \_\_\_\_\_  
Receipt Initials \_\_\_\_\_

## CMC REQUEST

Name \_\_\_\_\_ School \_\_\_\_\_

Date \_\_\_\_\_ Current Assignment \_\_\_\_\_

Please Mark All That Apply:

- \_\_\_\_ I have exhausted my in-service money  
\_\_\_\_ I have talked with my supervisor regarding this request \_\_\_\_\_  
\_\_\_\_ This request is linked to the State Standards Supervisor Initials  
\_\_\_\_ This request directly applies to my current teaching assignment

Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost (if applicable): \_\_\_\_\_

Cost Breakdown:

Lodging	_____	Mileage	_____
Registration	_____	Substitute	_____
Meals	_____	Other (explain)	_____

Additional Information:  
\_\_\_\_\_  
\_\_\_\_\_

Committee Use Only:

Committee Review Date: \_\_\_\_\_

Committee Decision:  Approved  Denied  More Information Required  
(Reason listed below)

Follow Up: \_\_\_\_\_

Committee Comments:  
\_\_\_\_\_  
\_\_\_\_\_