

Today's Date: _____

CONFERENCE & WORKSHOP AUTHORIZATION REQUEST

This request is due to Central office not less than 10 days prior to conference registration deadline.

Name: _____ Building: _____

Conference Title: _____

Conference Dates & Time: _____

Location: _____ Sponsored by: _____

Estimated Costs: _____

Registration Fee: _____ Mileage: _____

Meal Cost: _____ Lodging Estimate: _____

Other: _____ Total: _____

Conference registration must be filled and submitted with this request. Central Office will process payment of registration. Lodging reservations are your responsibility, and will be reimbursed along with travel and meal costs post conference.

I Have Pre-Registered

I Will Need a Substitute for My Classroom

_____ Substitute Call-In System Code [Assigned by Central Office]

APPROVAL

[Request must have signature approval of building principal prior to submitting to Central office]

Building Principal

Date

Central Office

Date

Accounts Payable

Account # _____ Amount: _____

Pay to: _____

EXPENSE REIMBURSEMENT REQUEST

Please complete and return to Central Office within 7 days of attending the conference. Receipts must be included for all expenses, except mileage. Unauthorized expenses will not be reimbursed.

ACTUAL COSTS

Registration: _____ Mileage [total miles]: _____

Meals: _____ Lodging: _____

Other: _____ **TOTAL:** _____

Accounts Payable

Account# _____ Amount: _____

Pay to: _____