

CONFERENCE ATTENDANCE REQUEST

Name _____ Signature _____

School _____ Job Title _____

Conference Information

(You **MUST** attach a program brochure with a registration form and descriptive information about your workshop with this request)

Title: _____

Organization Presenting Workshop: _____

Location: _____ Date(s) _____
(Please include site of workshop, city & state)

District Benefit (How will this event support professional learning and improve student outcomes?)

Conference Expenses:

Total Registration Fee: \$ _____ Attendee's Requested Amount: \$ _____ District Approved: \$ _____

Mileage (# of miles from work to event) _____ miles (x current IRS rate) \$ _____

Please check only one:

_____ I will need a PO to register for the conference.

PO # Issued: _____

_____ I will pay for the conference and submit for reimbursement after attending.

(You must receive approval before paying for the conference. Conferences that are paid for before receiving approval will not be reimbursed.)

Should costs exceed the approved reimbursement, the over run shall be the responsibility of the staff member.

It is the responsibility of the staff member to register for the activity AFTER receiving approval.

Substitute required (Circle one) Yes No

Approved Denied _____ / _____
Signature of Principal/Supervisor Date

Approved Denied _____ / _____
Signature of Superintendent/Designee Date

6/9/2019

Original - Assistant Superintendent Yellow - Business Office Green - Person Requesting Pink - School