

**Business Services Use Only:**

Request No. \_\_\_\_\_

## **REQUEST FOR APPROVAL OF CONFERENCE ATTENDANCE**



Any District employee who wishes released time and/or reimbursement by the District for conference expenses, shall file this form with the District's Business Office at least one month prior to the conference. Please attach a copy of the conference information flier. Please keep a copy for your records.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Conference: \_\_\_\_\_

Sponsor of Conference: \_\_\_\_\_

Conference Date (s): \_\_\_\_\_ Venue: \_\_\_\_\_

School Date(s) & Time Involved: \_\_\_\_\_

Substitute Required?  YES  NO

**Estimated Expense:**

Registration: \_\_\_\_\_ Meals: \_\_\_\_\_

Lodging: \_\_\_\_\_

Transportation: \_\_\_\_\_ Estimated Mileage: \_\_\_\_\_

Other (Explain/List Other Expense(s): \_\_\_\_\_

Account Number: \_\_\_\_\_

Program Name: \_\_\_\_\_

\_\_\_\_\_  
Department Chairperson's Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Approval

\_\_\_\_\_  
Date