

BUUSD TRAINING/WORKSHOP/CONFERENCE REQUEST for APPROVAL

Employee Name (Please print): _____

CHECK ONE:

Title of Training/Workshop/Conference: _____

BCMS

>> NOTE: DO NOT REGISTER UNTIL YOUR REQUEST IS APPROVED <<

BTMES

DATE(S) of Training/Workshop/Conference: _____

SHS/CVCC

LOCATION of Training/Workshop/Conference (City & State): _____

BUUSD

Training/Workshop/Conference SPONSOR (Name & Complete Address): _____

APPROVAL #	TO BE COMPLETED BY EMPLOYEE	TO BE COMPLETED BY EMPLOYEE	TO BE COMPLETED BY BSU STAFF
20-	ESTIMATED COST(S)	PAYMENT METHOD	REIMBURSEMENT AMOUNTS BASED ON RECEIPTS PROVIDED TO BUUSD OFFICE
REGISTRATION	\$	<input type="checkbox"/> Reimburse to Employee <input type="checkbox"/> Purchase Order Requested	
MILEAGE	From: _____ To: _____ Total # Miles: _____		
AIRFARE	\$	<input type="checkbox"/> Reimburse to Employee <input type="checkbox"/> Purchase Order Requested	
OTHER TRANSPORTATION	Description: _____ _____ \$	<input type="checkbox"/> Reimburse to Employee <input type="checkbox"/> Purchase Order Requested	
MEALS	(\$40/day MAX) \$	Based on Actual Receipts Not to exceed \$40/day	
LODGING	Description: _____ _____ \$	<input type="checkbox"/> Reimburse to Employee <input type="checkbox"/> Purchase Order Requested	
OTHER	Description: _____ _____ \$	<input type="checkbox"/> Reimburse to Employee <input type="checkbox"/> Purchase Order Requested	
TOTALS	\$		

IF YOU CANNOT ATTEND, YOU ARE RESPONSIBLE FOR NOTIFYING THE GRANT MANAGER AND YOU MAY BE RESPONSIBLE FOR THE COSTS IF AN APPROPRIATE REPLACEMENT CANNOT BE FOUND.

Employee Signature: _____ Date: _____

Grant Manager/ Supervisor Signature: _____ Date: _____

_____ **Approved** _____ **Disapproved**

Funding Source: _____

PO# _____