

BUUSD TRAINING/WORKSHOP/CONFERENCE REQUEST FORM

Employee Name (Please print): _____

Title of Training/Workshop/Conference: _____

>>NOTE: DO NOT SUBMIT REGISTRATIONS UNTIL YOUR REQUEST IS APPROVED<<

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

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

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

CHECK ONE:

- BCEMS
- BTMES
- SHS/CVCC
- BUUSD

| APPROVAL # | TO BE COMPLETED BY EMPLOYEE | TO BE COMPLETED BY EMPLOYEE | TO BE COMPLETED BY Central Office STAFF |
|----------------------|--|---|--|
| FY21- | ESTIMATED COST(S) | PAYMENT METHOD | REIMBURSEMENT AMOUNTS BASED ON RECEIPTS PROVIDED TO BSU 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.

Attendees may be expected to share their learning with colleagues (for example: through meetings and/or in-service workshops).

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Director of Curriculum Signature: _____