

**BARRE UNIFIED UNION SCHOOL DISTRICT
COURSE/TRAINING/WORKSHOP/CONFERENCE REQUEST FORM**

CHECK ONE: BCEMS BTMES SHS/CVCC BUUSD

EMPLOYEE NAME: _____

TITLE of Training/Workshop/Conference: _____

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

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

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

- **DO NOT REGISTER UNTIL YOUR REQUEST IS APPROVED.**
- *IF YOU CANNOT ATTEND, YOU ARE RESPONSIBLE FOR NOTIFYING THE GRANT MANAGER AND YOU MAY BE RESPONSIBLE FOR THE COSTS IF AN REPLACEMENT CANNOT BE FOUND.*
- *ATTENDEES ARE REQUIRED TO SUBMIT A CERTIFICATE OF ATTENDANCE.*
- *Attendees may be expected to share their learning with colleagues (for example: through meetings and/or in-service workshops).*

Registration Cost: \$ _____

Mileage: From _____ To _____ Total # of Miles: _____

Mileage reimbursement @ IRS rate, only when travel exceeds normal commute.

Airfare Cost: \$ _____

Other Transportation: From _____ To _____ Cost: \$ _____

Meals Cost: \$ _____ *Based on Actual Receipts. Not to exceed \$40/day.*

Lodging: Description _____ Cost \$ _____

Other: Description _____ Cost \$ _____

Total of all costs listed above: \$ _____

PAYMENT METHOD: Reimburse to Employee Purchase Order Requested

Reimbursement amounts based on receipts provided to BUUSD central office.

Employee Signature: _____ Date: _____

Adminstrator's Signature: _____ Date: _____

Approved Disapproved

PO# Funding Source: