

Conference, Workshop, & Meeting Request

Attendee: _____ Department: _____

Department Number: _____ Date Submitted: _____

Event: _____

Place: _____

Purpose/Objective: _____

Leaving: Date: _____ Time: _____ Returning: Date: _____ Time: _____

Transportation (staff car, airplane, train, own, with someone, ect.): _____

Estimate of Expenditures:
(Include Dollar Amounts)

TOTAL: <div style="text-align: center; font-size: 1.2em; font-weight: bold;">\$0.00</div>	Registration \$ _____ Transportation \$ _____ Food \$ _____ *Lodging \$ _____ Miscellaneous (taxi, parking, ect.) _____
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Fund	Resource	Y	Goal	Function	Object	Site	Dept.
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Approval/Recommendation

Principal/ Administrator/
Director: _____ Date: _____ Yes No (if no, attach reason.)

Projects
Director: _____ Date: _____ Yes No (if no, attach reason.)

Superintendent: _____ Date: _____ Yes No (if no, attach reason.)

Finance : _____ Date: _____ Yes No (if no, attach reason.)