

# CONFERENCE REQUEST

Please attach a copy of the brochure or flyer & itinerary

## 1. CONFERENCE & ATTENDEES INFORMATION

Person Making this Request: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

List Attendees: \_\_\_\_\_

Conference Title & Purpose: \_\_\_\_\_

Destination: \_\_\_\_\_

Depart Date & Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ am pm Return Date & Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ am pm

## 2. ESTIMATE OF EXPENCES You have to options...

<b>Option 1</b>	Any substitutes needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many subs are needed? _____ Cert and/or _____ Class Please use this information; certificated \$165 or classified \$100. \$ _____ X _____ X _____ = \$ _____ <div style="text-align: center; font-size: small;">                     Rate                      Days                      People                      Total                 </div> <p style="text-align: center;"><b>*Remember to submit a sub request to our sub coordinator</b></p>
<b>Option 2</b>	Certificated Stipend Request; \$36.71 or \$ _____ or \$ _____ <div style="text-align: center; font-size: small;">                     (Step 5, BA+0)                      Hourly Rate                      Hours                      Days                      Total                 </div> Classified Extra Time Request for Pay; \$ _____ X _____ = \$ _____ <div style="text-align: center; font-size: small;">                     Hours                      Rate                      Total                 </div>

## 3. REGISTRATION WILL BE COMPLETED BY ATTENDEE

\$ _____	X	_____	= \$ _____	
Workshop Fee		# of attendees	Total	
<input type="checkbox"/> A PURCHASE ORDER IS REQUESTED, attach flyer or brochure <input type="checkbox"/> PURCHASE MUST BE DONE ON A CREDIT CARD.....LAST 4 DIGITS OF CREDIT CARD USED: _____				

## 4. FOOD ESTIMATE

Total Estimate for Food. \$ _____	Breakfast:	_____	X \$ 15.00	= \$ _____	X _____	= \$ _____
		# of meals	Rate	Total	# of People	New Total
	Lunch:	_____	X \$ 18.00	= \$ _____	X _____	= \$ _____
		# of meals	Rate	Total	# of People	New Total
	Dinner:	_____	X \$ 26.00	= \$ _____	X _____	= \$ _____
		# of meals	Rate	Total	# of People	New Total

## 5. LODGING

<input type="checkbox"/> No Lodging is needed.	<input type="checkbox"/> Request lodging accommodations be made by the district.
Number of nights: _____	Cost per night: \$ _____
Number of Rooms: _____	Total Cost: \$ _____

## 6. TRANSPORTATION

I wish to take the school vehicle  Ground Transportation/Taxi \$ \_\_\_\_\_ (Please attach receipts)

Mileage: \_\_\_\_\_ X .585 cents per mile = \$ \_\_\_\_\_

APPROVED: _____	ON: ____/____/____	SIGNATURE: _____
DENIED: _____	REASON FOR DENIAL: _____	
CONFERENCE REGISTRATION SENT ON: ____/____/____	METHOD OF PAYMENT: _____	
LODGING RESERVATION MADE AT: _____	FOR _____ NIGHTS	
PROGRAM CODE: _____	TOTAL ESTIMATED EXPENSES: \$ _____ 2022	