

**MONOMOY REGIONAL SCHOOL DISTRICT
CONFERENCE REQUEST FORM**

Date Submitted: _____

*SHOULD BE SUBMITTED AT LEAST 10 DAYS PRIOR TO CONFERENCE DATE. P.O. MUST ACCOMPANY REQUEST IF APPLICABLE.

Person Attending (with Grade Level and Department or Position) _____

Conference Title _____

Sponsor _____

Conference Location _____ **City** _____ **State** _____

Conference Date(s) _____ **Substitute needed on** _____



I certify that I have entered my absence(s) in the Absence & Substitute online portal.

Registration Cost: _____ **P.O. #** _____

Mileage: _____ miles x \$./mi=: _____ **P.O. #** _____

Other (itemize and total): _____ **P.O. #** _____

Total: _____

A reimbursement form with actual expenses must be submitted within 10 days of conclusion of conference with all original receipts attached.

SIGNATURE(S)

REQUESTED BY _____ **Date** _____

***PRINCIPAL** _____ **Date** _____

***Account Code:** _____

***Account Name:** _____

***Grant Name:** _____

SUPERINTENDENT _____ **Date** _____

Please forward a brief report on the conference (with agenda or programs or other information) to the Superintendent/Principal following the conference. Thank you.