

*****CONFERENCE ATTENDANCE REQUEST*****

INSTRUCTIONS: Form should be completed and submitted at least 10 days prior to departure. Appropriate literature regarding conference should be attached.				
APPLICANT'S NAME		SCHOOL	TITLE OF CONFERENCE	
PURPOSE	LOCATION	MODE OF TRAVEL	CONFERENCE DATES	
ATTENDANCE DATE	TRAVEL DATES	PAYMENT SOURCE	SUB REQ'D	DATES SUB REQ'D
			Yes () No ()	
ESTIMATED EXPENSES		SIGNATURES		
Registration	\$	Applicant's Signature & Date:		
Accommodations				
Meals		Supervisor's Signature & Date:		
Travel (. _____ / mi)				
Substitute (\$100/day)		Superintendent's Signature & Date: () Approved		
Other (Specify)				
Total	\$	() Not Approved		

*****ACTUAL REIMBURSEMENT REQUEST*****

INSTRUCTIONS: This form should be submitted within 5 workdays following return. Expenses must be entered by day. Receipts and tickets for all expenditures must be attached. Only ORIGINAL itemized receipts and tickets will be reimbursed.								
Date								
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	ITEM TOTALS
Registration								
Hotel Per Day + Tax								
Breakfast								
Lunch								
Dinner								
Air Fare								
Taxi/Bus								
# of Miles								
Miles X rate (Multiply)								
Parking tolls								
Other Expenses (Specify)								
DAILY TOTAL								
I CERTIFY UNDER PENALTY OF PERJURY THAT THE AFORENOTED EXPENSES ARE TRUE AND ACCURATE						Total Reimbursement \$		
SIGNATURE of APPLICANT for REIMBURSEMENT & DATE								
AUTHORIZATION of PAYMENT By SUPERINTENDENT								