

# CONFERENCE REIMBURSEMENT FORM

BRIGHTON AREA SCHOOLS  
DEPT. OF HUMAN RESOURCES



(Please print)

NAME:		EMP ID#:		DATE:	
BUILDING:					
Conference Date	Conference Title	Conference Fee Only	Conference Sponsor	Attendance Confirmation Attached & Highlighted	
1.					
2.					
3.					
4.					
5.					
	TOTALS:				

Your Signature: \_\_\_\_\_ (your signature is required)

**HUMAN RESOURCES/BUSINESS OFFICE USE:**

ACCOUNT: \_\_\_\_\_

APPROVED AMOUNT: \_\_\_\_\_

DATE PROCESSED: \_\_\_\_\_

**DATE STAMP/RECEIVED BY HR:**

--