



REQUEST TO ATTEND SCHOOL RELATED MEETINGS

(You are required to attach this approved form to travel reimbursement form upon submission for reimbursement)

I, _____ Title _____

Do hereby request permission to attend the following (✓ one):

Workshop Seminar Conference Coaches' Clinic

Name of Event: _____

Date of Event: _____ Location: _____

Substitute required (✓ one): Yes No

Purpose: _____

Name of Hotel/Venue: _____

Days of Attendance: _____
Hotel/Venue Cost _____
Registration Fee: _____
Conference Fee: _____
Mileage Cost: _____
Total Cost: _____

Reimbursement Costs
Travel \$0.72.5 cents per mile
(Please Attach Google Map)

Budget Code: _____

Signature of Julie Prine, Purchasing Agent Date: _____

Additional information, if applicable: _____

Signature of Principal Date: _____

FOR DISTRICT OFFICE USE ONLY

APPROVED DISAPPROVED

Signature of Superintendent Titus M. Hines, Ed. D. Date