RINGGOLD SCHOOL DISTRICT
Request To Attend Conference / Seminar / Activity

Name of Requesting Party: _____

Department: _____

Date of Activity/Absence: _____

Title of Activity: _____

Location: _____

Brief Outline of Purpose for Attendance: _____

****Please attach Registration Form and any pertinent information****

Prior attendance this fiscal year: _____

How will your position be covered? _____

Date of Board approval, if required -If Total Estimated Attendance is over $300, must be Board approved. _____

Estimated Cost of Attendance **TOTALS**

Registration Fees: _____ **Registration:** _____

Travel: (one way or both if return building)

_____ Miles each way x 2 = _____ Total miles x $0.76 per mile= _____

Other (list) _____ Tolls / Parking

_____

Travel: _____

Meals ($63/day max overnight trips only)

____Breakfasts @ $16.00 = _____

____Lunches @ $19.00 = _____

____Dinners @ $28.00 = _____

Meals: _____

Lodging: _____ Nights @ single rate of: _____ **Lodging:** _____

(Attach list of three choices noting any governmental rate – reservations may be at another location if more economical)

Substitute Teacher: _____

TOTAL ESTIMATED ATTENDANCE CHARGE: _____

Approved by:

Building Principal	Department Director
Superintendent	Director of Business Operations

Note: This request must be attached to actual summary of expenses when submitting for reimbursement.

Note: This request must also be attached to an agenda/informational flyer about the conference. This agenda/flyer must contain the following: date of events, conference event times, and location.

Budget Code:_____

(To be completed by Building Principal and/or Department Supervisor)

Vehicle Use

District Vehicle Rental Vehicle Personal Vehicle

*If a district vehicle is used, please remember to submit receipts for gas.