REQUEST FOR ATTENDANCE AT PROFESSIONAL MEETINGS

NAME_____ POSITION_____

1. Please state the purpose of your request: _____

2. Your subject area or activity of responsibility:
   _____

3. Official name of conference/workshop:
   _____

4. Place_____ Dates_____

COST:

Registration/Workshop Fee	$_____	
*Hotel/Lodging	$_____	
*Meals	$_____	***(*Over Night Trips Only & itemized receipts required)***
Mileage *(requires separate P.O.)***	$_____	**(**please attach mapquest if over 50 miles-if mileage is left blank, you cannot ask for it at a later date. If not certain, always estimate for mileage. You can always cancel)**
Other **(specify ie: parking)**	$_____	
Substitute Cost **($100 day, $50 half day)**	$_____	
Total Expected Cost:	**$_____**	

5. State how you plan to use the information obtained from your attendance at this conference/workshop in your instructional program: _____

Please plan to complete the evaluation form upon your return from the conference. These forms are on file in the school office.

_____ _____
Signature Date Principal Date

_____ _____
Superintendent Date Treasurer Date

If disapproved, reason: _____

Conference or workshop requests should be submitted for approval on or before the second Monday of each month. Final approvals will be granted by the Superintendent. This form is to be completed by the person making the request and then approved by the principal, the Treasurer and the Superintendent. Once the approval or disapproval has been granted, one copy will be filed in the superintendent's office and one copy will be returned.

(Revised 9/16/2016)