

# CONFERENCE ATTENDANCE REQUEST

Name \_\_\_\_\_ Signature \_\_\_\_\_

School \_\_\_\_\_ Job Title \_\_\_\_\_

## Conference Information

(You **MUST** attach a program brochure with a registration form and descriptive information about your workshop with this request)

Title: \_\_\_\_\_

Organization Presenting Workshop: \_\_\_\_\_

Location: \_\_\_\_\_ Date(s) \_\_\_\_\_  
(Please include site of workshop, city & state)

## District Benefit (How will this event support professional learning and improve student outcomes?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Conference Expenses:

Total Registration Fee: \$ \_\_\_\_\_ Attendee's Requested Amount: \$ \_\_\_\_\_ District Approved: \$ \_\_\_\_\_

Mileage (# of miles from work to event) \_\_\_\_\_ miles (x current IRS rate) \$ \_\_\_\_\_

### Please check only one:

\_\_\_\_\_ I will need a PO to register for the conference.

PO # Issued: \_\_\_\_\_

\_\_\_\_\_ I will pay for the conference and submit for reimbursement after attending.

(You must receive approval before paying for the conference. Conferences that are paid for before receiving approval will not be reimbursed.)

**Should costs exceed the approved reimbursement, the over run shall be the responsibility of the staff member.**

**It is the responsibility of the staff member to register for the activity AFTER receiving approval.**

**Substitute required (Circle one)                      Yes                      No**

Approved                      Denied                      \_\_\_\_\_ / \_\_\_\_\_  
Signature of Principal/Supervisor                      Date

Approved                      Denied                      \_\_\_\_\_ / \_\_\_\_\_  
Signature of Superintendent/Designee                      Date

6/4/2021

Original - Assistant Superintendent     Yellow - Business Office     Green - Person Requesting     Pink - School