



# REQUEST FOR APPROVAL OF CONFERENCE OR IN-SERVICE MEETING



**Guidelines:** *Failure to follow these guidelines may result in late registration and possibly filled conferences. All lines must be completed.*

- (A) Conference requests **need to be submitted a minimum of two weeks prior to deadline.** Registration expenses will be prepaid. **Please provide completed registration form and published program description for conference.**
- (B) Lodging registrations are the individual's responsibility. Lodging expenses will be paid upon return from conference and with submission of "Conference Expense Report" form.
- (C) Expenses are to be accounted for **with receipts within five (5) working days after returning.** This information must be returned to the Central Office. Reimbursement will be made only after form and receipts are submitted.
- (D) All meal reimbursement requests **MUST** be accompanied with an **itemized** food order receipt. Requests that do not have the proper itemized receipt will not be reimbursed.
- (E) **Submit 1 original to Central Office.** Approval confirmation will be emailed.
- (F) Only one person's request per form.

**THIS SECTION TO BE COMPLETED BY STAFF MEMBER  
PLEASE TYPE OR PRINT**

<b>Name of Individual Involved</b> _____		<b>Date of Application</b> _____	
<b>Conference or Meeting</b> _____			
<b>Date(s)</b> _____		<b>Location (City, State)</b> _____	
<b>Reason for Conference (Please attached copy of notice or program information)</b> _____			
<b>Estimated Breakdown of Expenses</b>			<b>Enter Amounts For Each Item</b>
<b>Registration or Fee</b>			
Meals (indicate reasonable estimate)	Number of Meals	_____ x Rate of	\$ _____ = _____ \$0.00
Housing	Number of Nights	_____ x Rate of	\$ _____ = _____ \$0.00
Mileage	Estimated Round Trip Miles	_____ x Allowed Rate of	\$0.575 = _____ \$0.00
			(2020 mileage rate= \$00.575)
			(2019 mileage rate= \$00.580)
<b>Total Estimated Costs:</b>			_____ \$0.00
<b>Employee's Signature</b>			
If registration is charged to credit card, name of Cardholder: _____			
If check is requested for registration: _____			
Check Payable To: _____			<b>Amount</b> _____
<b>Send To:</b>			
_____	_____	_____	_____
<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

Approved: \_\_\_\_\_  
Principal/Supervisor

Approved: \_\_\_\_\_  
Superintendent

Budget Number: \_\_\_\_\_