



# 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> _____
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**Conference or Meeting** \_\_\_\_\_

<b>Date(s)</b> _____	<b>Location (City, State)</b> _____
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**Reason for Conference (Please attached copy of notice or program information)** \_\_\_\_\_

<u>Estimated Breakdown of Expenses</u>		<u>Enter Amounts For Each Item</u>	
<b>Registration or Fee</b>			
Meals (indicate reasonable estimate)	Number of Meals		\$0.00
		x Rate of	=
Housing	Number of Nights		\$0.00
		x Rate of	=
Mileage	Estimated Round Trip Miles		\$0.00
		x Allowed Rate of	=
		(2021 mileage rate=	\$0.560
		(2020 mileage rate=	\$0.575)
<b>Total Estimated Costs:</b>			\$0.00

**Employee's Signature** \_\_\_\_\_

If registration is charged to credit card, name of Cardholder: \_\_\_\_\_

If check is requested for registration: Check Payable To: \_\_\_\_\_ Amount: \_\_\_\_\_

**Send To:** \_\_\_\_\_

Street	City	State	Zip
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Approved: \_\_\_\_\_  
Principal/Supervisor

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

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