

**(SCHOOL DISTRICT/ISD)
CONFERENCE ATTENDANCE REQUEST (To Be Completed Prior to Attendance)**

Conference Data

Employee Name _____	Current Date _____
Work Location _____	E-Mail Address _____
Conference Name _____	Conference Location (City, State) _____
Organization _____	
Dates of Conference _____	Time First Session Begins _____
	Time Last Session Ends _____
Will a substitute be needed? [] No [] Yes	How many days? _____

Estimated Conference Costs NOTE: Line-Item Expenses in excess of the Estimated amounts will NOT be reimbursed.

	<u>Estimated</u>	<u>Amount to Be Prepaid by (D)istrict, (U)nion or with (Co)mmercial Card</u>
Registration and Fees _____		() _____
Mileage (round trip) _____ miles @ _____ per mile _____		() _____
Other Travel (Circle Type) Air Train Bus _____		() _____
Lodging (Hotel Name) _____ # of Nights _____ Daily Rate (Incl. Taxes/Fees) _____		() _____
Meals _____		() _____
Parking or Cab (Circle) _____		() _____
Other (Explain _____)		() _____
TOTAL REQUEST _____		_____

Rationale for Attendance (Include Conference Brochure/Agenda in envelope)

Approval for Attendance

_____	_____	_____	_____
Employee Signature	Date	Supervisor/Board Designee	Date

Conference Funding (Total = "Estimated")

\$ _____	Account Number _____
\$ _____	Account Number _____
\$ _____	Account Number _____
\$ _____	Account Number _____
\$ _____	Total (Must match "Estimated" total above)

