



### CONFERENCE ATTENDANCE REQUEST FORM

Employee Name \_\_\_\_\_ Work Location \_\_\_\_\_

Conference Name \_\_\_\_\_ Conference Organization \_\_\_\_\_

Conference Date(s) \_\_\_\_\_ Time 1<sup>st</sup> Session Starts \_\_\_\_\_ Time Last Session Ends \_\_\_\_\_

Conference City \_\_\_\_\_ State \_\_\_\_\_ Is a Sub Needed? Yes Or No

Rationale for Attendance \_\_\_\_\_

ESTIMATED EXPENSES	ACTUAL EXPENSES	Circle Type of Expense	Need Prepaid?	Paid/Paying By	How Paid?	REIMBURSE TO EMPLOYEE
		Registration		Self or SISD	CC or Other	
		Mileage (Whole #'s Only)		Self or SISD	CC or Other	
		Lodging/Hotel		Self or SISD	CC or Other	
		Food Receipts or Per Diem		Self or SISD	CC or Other	
		Parking Cab Shuttle		Self or SISD	CC or Other	
		Plane Bus Train		Self or SISD	CC or Other	
		Other:		Self or SISD	CC or Other	
Total \$	Total \$	<b>CC = Credit Card</b>				<b>TOTAL \$</b>

**CALCULATED EXPENSES**

# ESTIMATED MILES \_\_\_\_\_ X MILEAGE RATE \_\_\_\_\_ = \$ \_\_\_\_\_

# ACTUAL MILES \_\_\_\_\_ X MILEAGE RATE \_\_\_\_\_ = \$ \_\_\_\_\_

# HOTEL NIGHTS \_\_\_\_\_ X \$ PER NIGHT \_\_\_\_\_ = \$ \_\_\_\_\_

**NO ALCOHOL should appear on receipts**  
**Meal receipts must be detailed**  
**Note names on receipt if more than one diner**  
**Lodging receipts must be itemized**  
**We are sales tax exempt for lodging in Michigan**  
**If actual expenses are higher than estimated expenses the overage can be denied**  
**Attach all receipts & this form for Employee Reimbursement**

Date	Breakfast	Lunch	Dinner	Total

\*\*\* All Out-of-State travel must be approved by the Superintendent

**Prior Expense Approvals**  
 Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

#1 Approver/Date \_\_\_\_\_ #2 Approver/Date \_\_\_\_\_

#3 Approver/Date \_\_\_\_\_ Superintendent/Date \_\_\_\_\_

**Actual Expense Approvals**  
 Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

#1 Approver/Date \_\_\_\_\_ #2 Approver/Date \_\_\_\_\_

**Charge Expenses to**  
 Account Number \_\_\_\_\_ \$ \_\_\_\_\_

Account Number \_\_\_\_\_ \$ \_\_\_\_\_