## **Conference Leave Request**

Date	
Name of Conference	
Conference Location	
Dates	
Purpose	
Account to be Charged	
Estimated Expenses	
Teacher Signature	
It is my understanding that only my actual expenses will be paid. (meals, lodging, transportation and registration fees)	
Upon my return, I will submit an itemized statement of all my actual expenses. Only expenses accompanied by a receipt will be reimbursed.	
A copy of this request should be submitted to the administration along with a program or agenda for the conference and a list of itemized expenses.	
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Conference Approved	Not Approved
Expenses Approved	Approved, NO Expenses
	Administrator