

Date Rec \_\_\_\_\_

Enter all Required Information Below Before Printring

Admin Use Only: \_\_\_ Federal Fund

\_\_\_ Perkins Fund \_\_\_ District Fund

## Request to Attend Conference

Conference Title:

Today's Date:

Conference Date:

### Traveler Information

Name:

Address Line 1:

Telephone Number:

Address Line 2:

Fax Number:

City:

E-mail Address:

State:

Zip:

Building/Position:

Job Title:

### Domain / Function

### Are you Receiving PD or Chaperoning a Student Activity?

PD

or Chaperoning

### Registration (The office requires two weeks advance notice to issue a check.)

District Submit: I am requesting the district submit the attached form and pay my registration fee for this event. I HAVE ATTACHED A COMPLETED REGISTRATION FORM.

Check Amount Requested = \$

I Submit: I will submit registration materials and pay the registration fee myself.

Registration Fees I Will Submit = \$

Hotel: If no reservation is needed, indicate 'N/A' in this section.

- N/A No hotel reservation is needed.
- I am making my own hotel reservations and payments.

Estimated Hotel Fees = \$

- I am requesting reservations and payment be made through the Superintendent's office for a hotel which has a direct bill arrangement. Indicate the hotel from the choices in the drop-down box below:

**Hotels not Listed:** Individual employees should make their own reservations at hotels not listed above and they must pay for the charges incurred. Receipts should be submitted promptly for reimbursement. Consult the **Travel Reimbursement** information sheet for rate limitations. Approval should be secured if charges exceed those listed.

Reservation Dates: Check in:  Check out:

Number of Nights Staying:  Hotel Fee = \$

I plan to share a room with:

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**Other Costs**

In addition to the registration or hotel fees itemized above, I am requesting that the school pay these estimated expenses:

Car Expenses = \$  Meals = \$  Other = \$

School Car Available -- YES  NO  -- Attach Documentation

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**Approval will be sent to your Administrator. Please retain a copy of this request for your Records.**

**Approval**

Principal's Approval

Date

Superintendent's Approval

Date