

**Taylor School District  
Overnight Conference Request**

Request Number \_\_\_\_\_

Name: \_\_\_\_\_

Employee Location: \_\_\_\_\_

Conference Name or Sponsor: \_\_\_\_\_

Location of Conference: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Attending (In addition, must attach program/agenda):  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Expenses:**

Registration Fee \$ \_\_\_\_\_

Check here to request  
Prepaid Registration \_\_\_\_\_

Mileage/Transportation \$ \_\_\_\_\_  
(IRS rate per mile, direct route less the miles  
from your home to Taylor School District)

Lodging \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_  
(Maximum daily rate is \$35, alcoholic beverages  
are not allowable, itemized receipts must be attached)

Other \$ \_\_\_\_\_  
(Parking, Phone calls to Taylor School District)

**Total Estimated Expenses \$ \_\_\_\_\_**

**Actual Expenses:**

Registration Fee \$ \_\_\_\_\_

Mileage/Transportation \$ \_\_\_\_\_  
(IRS rate per mile, direct route less the miles  
from your home to Taylor School District)

Lodging \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_  
(Maximum daily rate is \$35, alcoholic beverages are not  
allowable, itemized receipts must be attached)

Other \$ \_\_\_\_\_  
(Parking, Phone calls to Taylor School District)

**Total Actual Expenses \$ \_\_\_\_\_**

**I understand I will be reimbursed for the remaining conference costs upon submission of original itemized receipts and the completed goldenrod copy itemizing my actual expenses, along with my attendance receipt, to State and Federal Programs Office/Board Annex.**

**\*Board of Education must approve out-of-state conferences.**

Requested By: \_\_\_\_\_  
Requester (Goldenrod Copy)

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Immediate Supervisor (Pink Copy)

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Dept. Director (Green and Canary Copy)

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Associate Superintendent (White Copy)

Date: \_\_\_\_\_

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(For Office Use Only)

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

Available Budget  
Verified By: \_\_\_\_\_

Check Number \_\_\_\_\_ Check Date \_\_\_\_\_

Totals Verified By: \_\_\_\_\_