**ABINGDON-AVON COMMUNITY UNIT SCHOOL DISTRICT #276**

**WORKSHOP REQUEST FORM**

The WORKSHOP REQUEST FORM must be submitted and approved prior to attendance at a workshop or conference. A.

Person submitting request Date submitted

School Building or Assignment

B. Workshop/Conference title or description:

C. Workshop Location:

D. Workshop/Conference Date(s):

E. Substitute Requested or Needed:

F. Estimated Cost (other than substitute):

1. Registration Fee:

2. Mileage (55.5 cents):

3. Lodging:

4. Meals:

5. Other:

**TOTAL:**

G. Comments:

**-------------------------------------------------------------------------------------------------------------------------------------------------------------------- Office** Approved:

**Use** Principal’s Signature Date

**Only**

Disapproved: Principal’s Signature

Approved:

Superintendent’s Signature Date

Disapproved: Superintendent’s Signature